CITY OF CAPE TOWN

ANNUAL REPORT OF THE

MEDICAL OFFICER OF HEALTH

1985

The City Health Department moved to the Civic Centre on 15 June 1979. The Department's general offices are situated on the eastern side of the 22nd Floor of the Tower Block and the Executive Suite on the 21st Floor as depicted in red on the cover.

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MEDICAL OFFICER OF HEALTH

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In charge of Statistics Section - Mr J H Otto.

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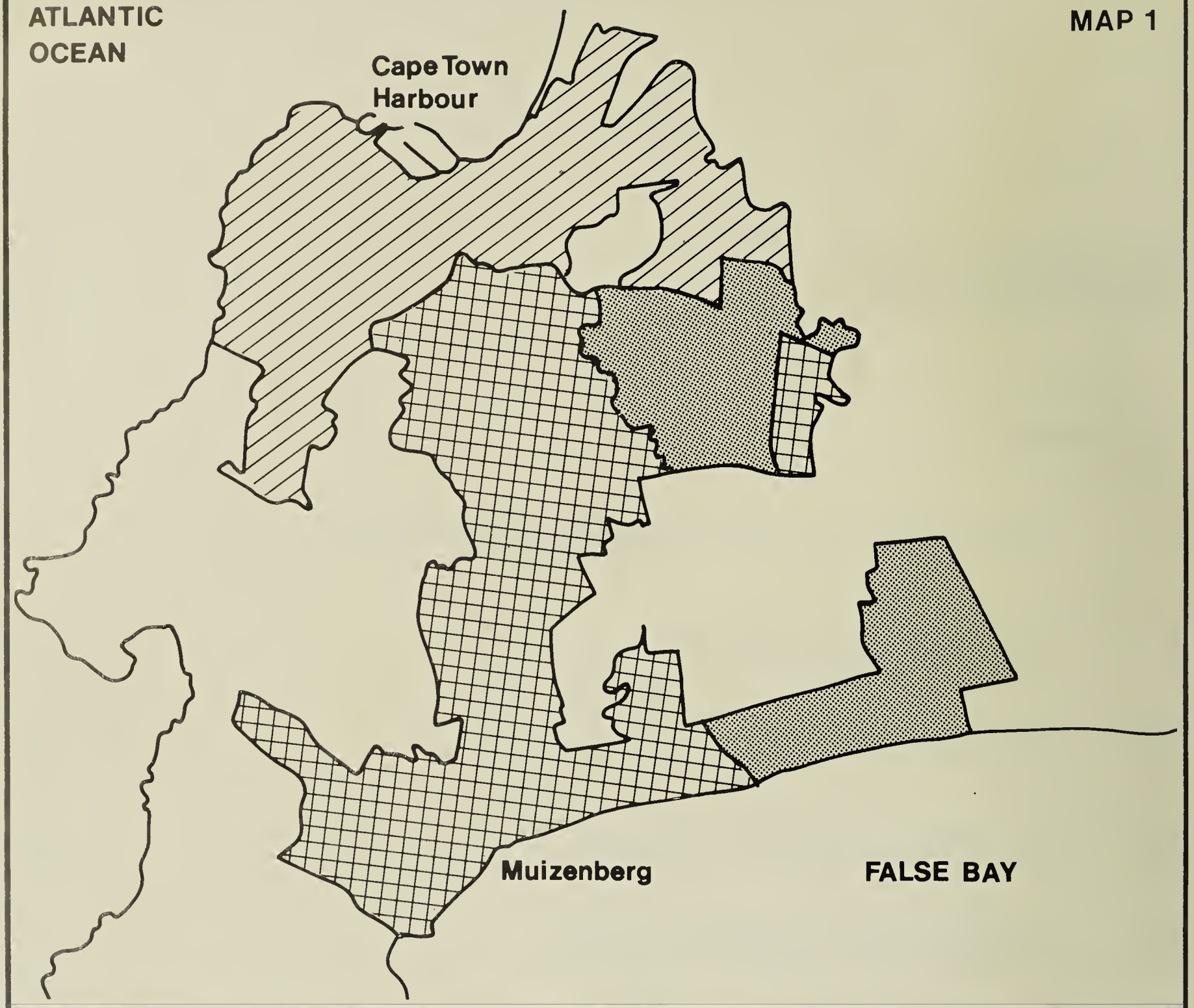
MAP 1



	NORTHERN ZONE	SOUTHERN ZONE	EASTERN ZONE
Population (Estimated)	217 348	357 866	435 709
Principal Medical Officer	1	1	1
Medical Officers	3	3	4

CITY OF CAPE TOWN HEALTH ZONES

SUMMARY

TO

THE DIRECTOR-GENERAL :
DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT
DEPARTMENT OF HEALTH SERVICES AND WELFARE - HOUSE OF ASSEMBLY
HOUSE OF
REPRESENTATIVES
HOUSE OF DELEGATES

and

HIS WORSHIP THE MAYOR, ALDERMEN AND COUNCILLORS OF THE CITY OF CAPE TOWN

I have pleasure in presenting my Eleventh Annual Report on health conditions in the City of Cape Town during 1985 and on the work carried out by the City Health Department during that year, as required by the provisions of the Health Act 63 of 1977.

We have reached the end of an era. 1986 brings a new constitutional dispensation and at time of writing there are no clear indications as to what the role of this Department will be. But that change had to come was foreseen, and the intensive re-organisation of the City Health Department, commenced late in 1974, was completed in 1980 (see Administration Section). The prime objective was to make our service as professionally effective, cost efficient, productive and versatile as possible to deal with changing times. Valuable experience in coping in adversity has been had during severe civil unrest in 1976 and again in 1985.

I consider the only yardstick for managerial success to be the results achieved; and I beg leave to make a few comparisons here to indicate progress made up to 1985. It may be naive to ask that our future role be assessed on our professional performance alone but I do, indeed, make that plea.

It is in this context that I submit the following facts for your consideration:-

CAPE TOWN ESTIMATED POPULATION 1985

Whites	273 780
Coloured	566 560
Asiatic	14 349
Black	136 186
Total	990 875 persons

These figures are based on the 1980 census. Because of a degree of non-compliance with the census requirements, by some sectors of the public, they are probably too low.

THE SERVICE

Total service contacts of the Department with the people of the City during the year totalled 2 077 054 items. This is an all time record figure, and an increase over the preceding year of 20 498. When one considers that from July 17th until the end of December many areas of the city were racked with violent unrest, sometimes for prolonged periods, this achievement is a wonderful tribute to the devotion to duty of our field staff.

THE COST

It is important, in times of recession, to note that of the City Council's rate requirement for 1984/5, the portion allocated for all functions of the City Health Department amounted to a mere 5% of all expenditure.

Total expenditure was R13 947 457, of which R6 445 421 (or 46,2%), was provided by income (government subsidies, etc.) and R7 502 036 (or 53,8%) from rates.

This percentage rates contribution is only marginally higher than the 1978 requirement of 53,3%. (See under 'Finance' in Section 1.)

PRODUCTIVITY

It was accepted from the outset of re-organisation, that in order to meet the anticipated increased public demand, which would arise as a result of the vastly improved facilities and services to be provided, productivity levels would have to be raised in all existing categories of staff if substantial additional staff requirements were to be avoided. This factor ranked uppermost in planning throughout the period of change.

Since the consolidation of the community health services in 1978, total patient attendances at polyclinics and satellite clinics for child health, tuberculosis, sexually transmitted diseases, family planning and geriatric sessions alone, have increased by some 51%.

During the corresponding period since 1978, the Department's total staff establishment has been increased by only 12,3%, which bears witness to the improved productivity levels attained. (Details under ADMINISTRATION in Section 1).

CO-ORDINATION WITH OTHER HEALTH SERVICES

In accordance with the National Health Facilities Plan steady progress has been made in arrangements with State Health Department, Provincial Hospital Administration, Day Hospitals Organisation, Shawco, Cape Mental Health Society etc., to the effect that no less than 211 clinic sessions each month were provided by outside authorities in City Health Department facilities throughout the city, without any charges by Council for use of the premises.

There were a total of 2 135 sessions per four-week month scheduled in the Health Department timetables for the year.

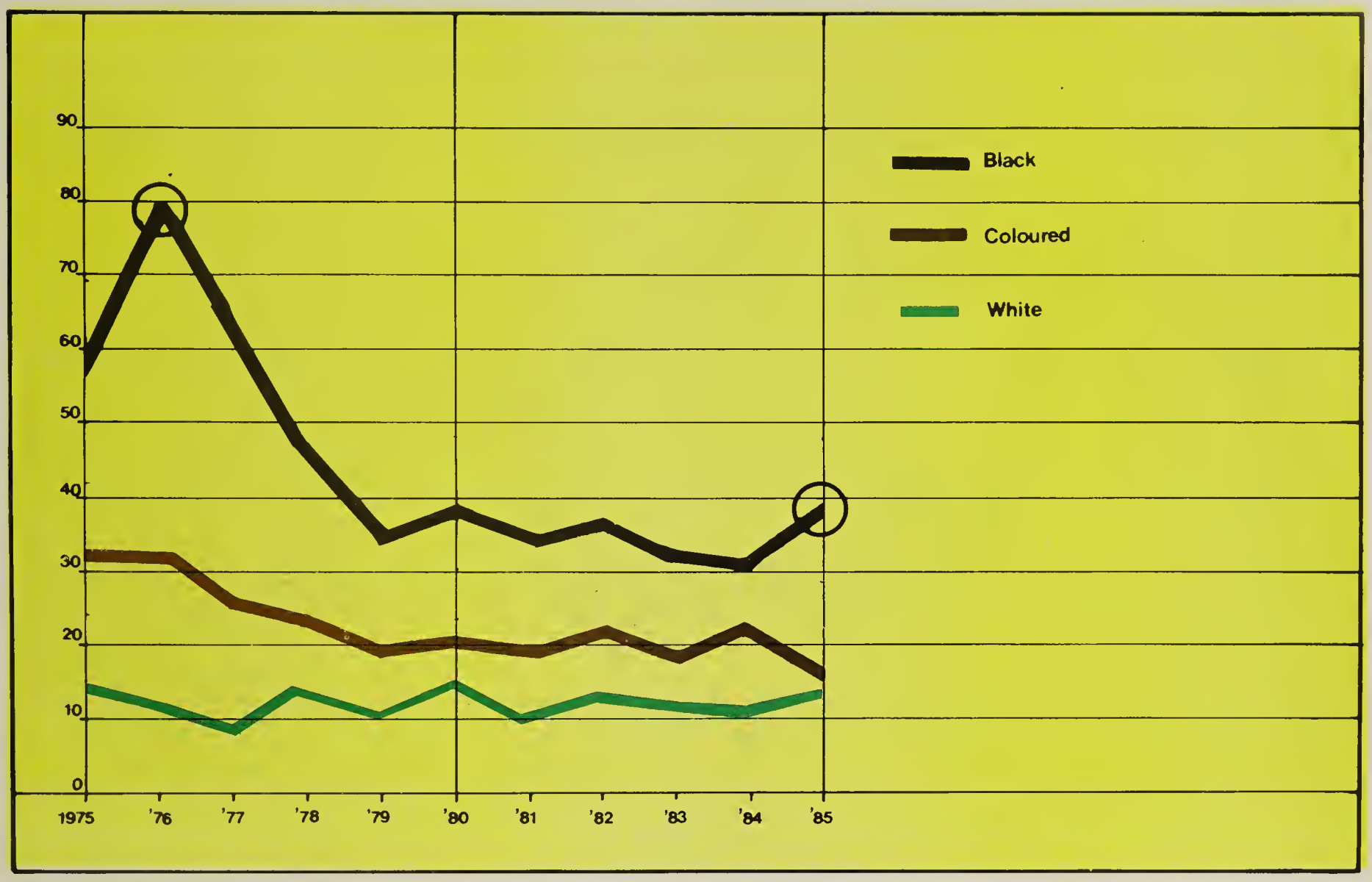
CAPE TOWN HEALTH PARAMETERS 1985

1. INFANT MORTALITY RATES:

   "The Infant Mortality Rate occupies a special position in vital statistics not only because of its value as an indicator of loss of life, but also because of its close relation with social conditions".(1) This Infant Mortality Rate (I.M.R.) is also generally accepted as the most sensitive index of the quality of an Environmental, Promotive and Preventive Health Service. In Cape Town, due credit must also be given to the excellent paediatric and maternity services of the University of Cape Town Medical School.

   (The Rate is expressed as the number of deaths occurring per 1 000 live births, up to the age of one year).

INFANT MORTALITY RATES



The Infant Mortality Rates in Cape Town for 1975 (first year of reorganisation) and 1985 were:-

	1975	1985
White	12,2	12,4
Coloured	32,2	17,6
Black	59	37,8
Total all Races	34	21,2

W.H.O. criteria indicate an I.M.R. range of between 10 and 20 deaths per 1 000 births as being the acceptable limit for a city of the developed Western world. The fact that the figure for the Coloured group (the largest sector of Cape Town's people) has been brought well down into this range over the last decade is probably our most dramatic achievement.

The Black figures have also come down well since 1975. However, the peaks in the graph in 1976, and again in 1985 show only too clearly the price that has been paid by this group during times of unrest. For long periods Guguletu and Langa have been dangerous no-go areas, and vital street cleansing and garbage removal services and immunization programmes have suffered with the inevitable cost in babies lives.

(Because of the migrant labour system, and the ebb and flow of population in Langa and Guguletu, the exact figures given for Blacks, while as accurate as possible, must be treated with caution. They do, however, clearly indicate trends).

DEATHS DUE TO MEASLES WITH COMPLICATIONS

By comparison, the Infant Mortality Rates for South Africa as a whole [2]+[3] were:

1983		
White	12,6	
Coloured	50,7	
Black	190,8	(1979 estimated)

Another yardstick is to compare with several major American cities with a population of 500 000 or more.[4]

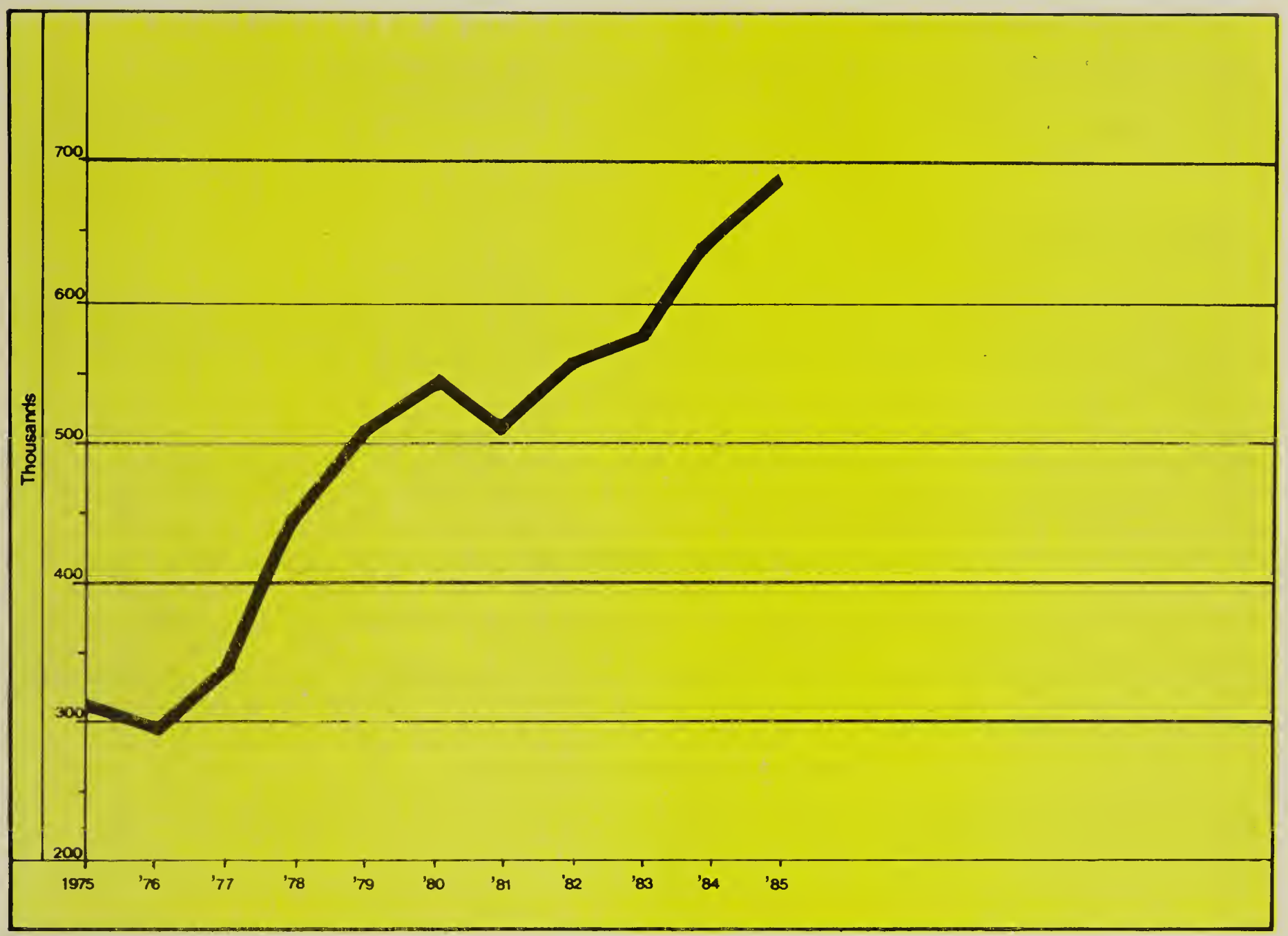
In 1982 (latest figures available) the United States Classification is headed:

	"White"	"All Other Races"
Boston	11,6	21,2
Chicago	12,3	24,7
Detroit	9,4	26,7
Washington, D.C.	7,5	24,3

2. MOTHER AND CHILD WELFARE CLINICS

The Department operates 25 Polyclinics and 26 satellite clinics throughout the city. These services, so vital to produce a generation of healthy children, include the guidance of mothers, baby care, immunisation, family planning, child assessment, developmental screening and specialised malnutrition clinics. They form the basis for our intensive Home Visiting programme.

ATTENDANCES AT CHILD WELFARE CLINICS



In spite of the unrest and the consequent difficulties experienced by the patients in getting to the clinics the attendance figures show a marked increase over 1984.

This can be attributed both to the dedication of the field staff and to the understanding by the patients that attendance at the Child Health Clinic means a healthy baby and they were determined to overcome all obstacles in order to attend.

There were 24 610 infants born in Cape Town during the year. Of all notified births 91% of babies attended our clinics at least once during the first year of life in 1985.

	1975	1985
Total attendances	307 214	681 099

INCREASE OF 122%

3. IMMUNISATION.

Immune cover of newly born children is of top priority. Here the difficulty is the apathy of some parents in bringing their babies for the full course. Much of the Public Health Nurses' time is spent in visiting defaulters.

The following figures show the percentage of children of all races born in Cape Town who completed their courses of protection in the first year. (The figures include persons both permanently and temporarily resident. Obviously the percentages are considerably higher if permanent residents only are calculated).

Against Poliomyelitis	95%	Completely immunised
Against Diphtheria, Whooping cough, Tetanus	95%	Completely immunised
Against Measles	76%	Completely immunised

4. FAMILY PLANNING.

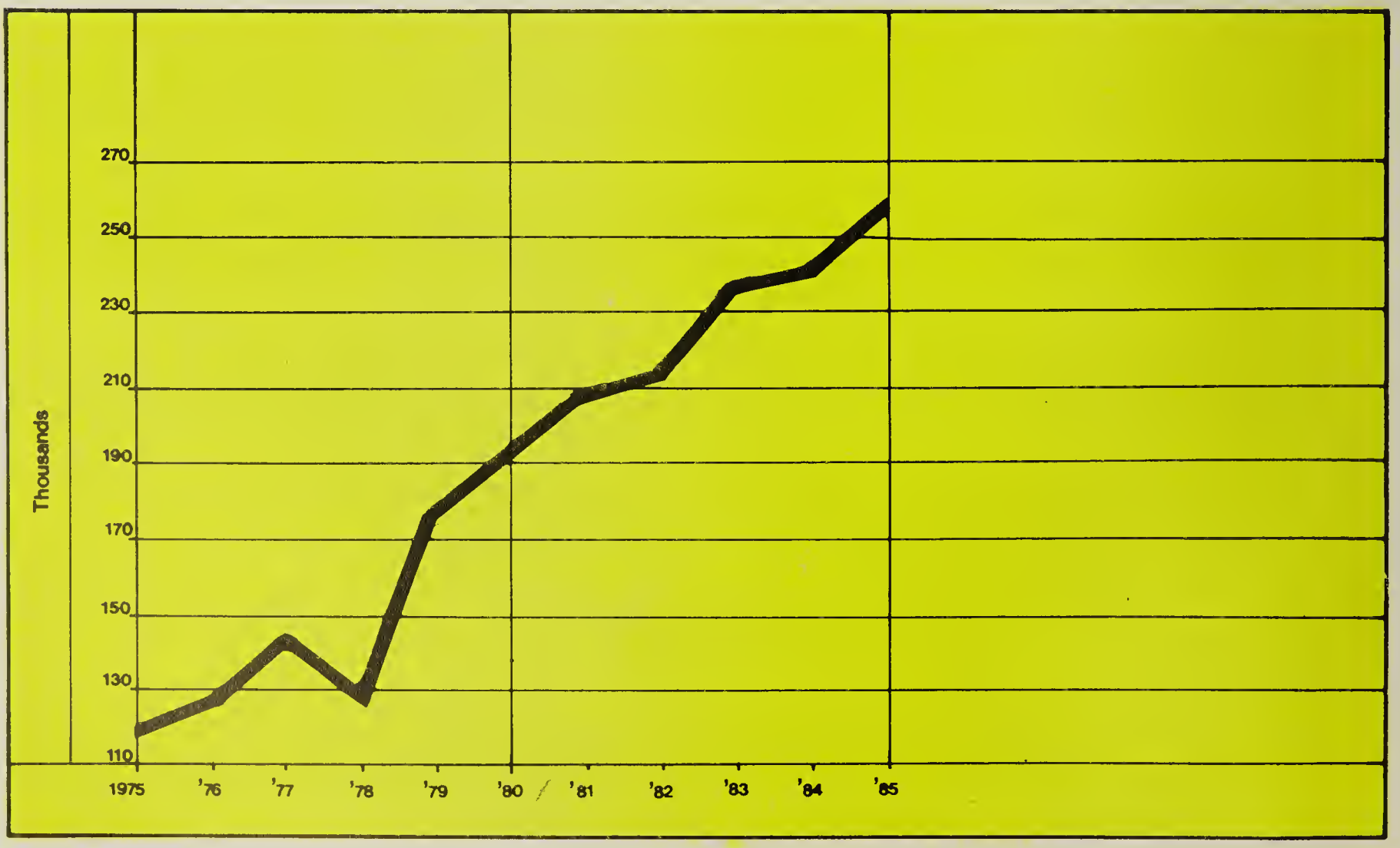
There is a gratifying realisation by State Health authorities that an essential pre-requisite to the success of Family Planning as a tool for improving the quality of life is that it must be preceded by education, social uplift and job opportunity.

	1975	1985
Individuals attending	38 130	90 935

INCREASE OF 138,5%

In the Coloured group this number is calculated to be 60,7% of all women in the child-bearing period. It shows an increase of 6,3% over 1984 - despite riots. This is further to the family planning services provided by National Health and Population Development, the Provincial Administration and private practitioners.

TOTAL ATTENDANCE AT OUR FAMILY PLANNING CLINICS



5. GERIATRIC SERVICE.

This screening service for elderly folk was commenced in mid 1975. The object was to examine carefully such people, and their circumstances, and to take necessary steps to improve their quality of life in the home environment wherever possible. We now conduct 17 such clinics throughout the city, and have achieved tremendous community involvement.

	1975	1985
Total Attendances	191	1 117

INCREASE OF 485%

6. IN SERVICE TRAINING PROGRAMMES FOR OUTSIDE STUDENTS have assumed great importance in recent years. They are an excellent stimulus to our staff to maintain the highest standards. In addition, the new generation of doctors and nurses show an awareness of preventive medicine and community services never apparent in their predecessors. The figures tell the story.

	1975	1985
External students	6	1 867

ENVIRONMENTAL HEALTH

The Environmental branch has eight divisions spread throughout the city plus a number of specialist sections. They are encouraged to work in close liaison with the Polyclinics in order to provide a holistic approach. Their re-organisation has also been completed in 1980 (See 'Administration' section).

A new project of setting specific inspection parameters in environmental control was established in 1984 and continued in 1985. The aim is to remove subjective differences in standards from the work of the whole staff and to give city-wide uniformity. In addition, frequency of inspection targets were set for all categories. These have to be reported on at the planning meetings on a quarterly basis.

A total of 44 categories comprising inter alia, different food outlets, trade premises, institutions and others were selected.

Whilst the result of this project indicated an increase of 14% in the total number of service items for 1984 as against the figure for 1983, it has led in 1985 to a further increase of 9,2% without any increase in the staff establishment. Compared to the figure for 1983 (prior to parameters) the total number of service items has increased by 24,75% despite rioting and unrest.

7. WATER SUPPLIES

Remain pure and satisfactory and a fundamental pillar of the health of the public. It is axiomatic that the drinking water supply should always be from the purest source available. All future engineering plans for the recycling of sewage should be directed, ab initio, towards horticultural, agricultural and industrial use. It is noted with satisfaction that the stated policy of the Department of National Health and Population Development is similar.

8. FOOD AND MILK PRODUCTION AND DISTRIBUTION

Closely and intensively monitored, and satisfactory. In 1985 only 8 incidents of food poisoning were reported and investigated throughout the city. All were mild, and mostly due to bad housekeeping. There were no deaths.

9. HOUSING

Study of the epidemiological picture shows clearly that the shortage of houses in the Coloured and African areas, leading to gross overcrowding in the housing estates, is the big remaining factor in the spread of infectious conditions such as pulmonary tuberculosis, meningococcal meningitis and influenza. The waiting list is still bigger, but there is a welcome change in official policy which finally gives consideration to alternative low-cost housing schemes, as this Department has recommended for so long. The process of de-regulation should be hastened to implement this policy without further delay.

10. SEWAGE

Facilities in Cape Town maintain a constant and not always successful battle to cope with ever-increasing demands. Athlone works is still most unsatisfactory, and the cause of continual complaint from the public, particularly from the Pinelands area.

11. AIR POLLUTION CONTROL

Readings have improved further during the year. (See Text). Cape Town is now among the world's cleanest cities from the standpoint of air pollution. Constant vigilance is needed to maintain these standards.

KOEBERG

There are two aspects of this power station's operation which are of concern to the City Health Department.

(a) Normal operation - During normal operation of Koeberg the City Health Department maintains an independent monitoring function to ensure that ambient levels of radiation do not rise in Cape Town. For the last three years the city's six 24 hour-a-day gamma radiation monitors have been stabilised and calibrated. They have shown remarkably consistent readings of between 100 and 110 millirems per year for the city. In addition, there are two other legs to this monitoring programme.

The seventh monitor has now been installed on Robben Island and is operating, thus completing the protective screen around Cape Town which was indicated by the study of radio-active releases blowing towards the city which was done for the A.E.C. by Escom in 1977/1978.

(b) In Case of Accident - Emergency exercises in case of an accident at Koeberg are supposed to be part of an ongoing programme by the A.E.C. to ensure Escom's fitness to retain its licence to operate the plant. However, the capability of the Regional Control in Cape Town to take over the Civil Defence aspect if an emergency should extend into this large metropolitan complex has never yet been demonstrated - despite an instruction that this should be done being given by Dr de Villiers, Chairman, Atomic Energy Corporation on at least one occasion in Cape Town.

In this connection an interesting Emergency exercise took place in October, 1985. For discussion see page 63.

12. MEDICAL EMERGENCY SERVICE - CIVIC CENTRE

This provides Medical Emergency help for Councillors, staff and members of the public visiting the Civic Centre, in the event of sudden illness or other emergency. The service also provides for the primary treatment of minor ailment or injuries suffered by members of the staff in order to reduce unnecessary absenteeism.

In the past year the Service has dealt with:-

Stretcher cases	40
Walking cases	552

NOTIFIABLE DISEASES

13. PULMONARY TUBERCULOSIS is the biggest public health problem in Cape Town as in every other centre of the Republic. The notification of new cases of all forms of tuberculosis in the City was 3 825 cases in 1985. In 1975 the figure was 2 742. It is distressing that no significant progress has been made in controlling this disease. The problem is complex. The disease is fundamentally a manifestation of socio-economic ills - malnutrition, bad housing, overcrowding and poverty. It is not possible to eradicate tuberculosis by medical means alone. The public health worker can but reiterate these unpleasant truths time after time to successions of policy makers.

From the medical viewpoint the really significant medical advance in recent years has been the introduction of short-term therapy involving the use of Rifampicin with other drugs. Here there is excellent scope for cure after 4 1/2 - 6 months of intensive therapy.

Unfortunately in Cape Town between the years 1975 and 1980 over 1 000 treatment beds were closed for financial reasons. I felt then, and still do, that this was a grave error. The switch was to ambulatory treatment at the clinics. But here we get a 30% non-compliance with therapy rate (as opposed to less than 2% in TB hostels). This is despite the most intensive health education and follow up by visiting staff. It raises the spectres of failed treatment courses, relapses, and the emergence of strains of drug resistant bacilli. We are being cent wise, rand foolish and storing up a lot of trouble for the future. At least this is being spelt out here and now.

The plea made in 1984 to the Department of National Health and Population Development, and to SANTA, for the provision of hostel treatment beds (in their most economic form), has not yet produced anything more than long debate. The unrest and riots of 1985 have made the position far worse, since the tuberculosis service with its vulnerable personnel and X-ray equipment has been greatly hampered. The Langa Mass X-ray unit was destroyed by arson. The ratio of available treatment beds per notified cases for the Republic as a whole is one bed per five cases. In Cape Town it is only one bed per twenty-five cases! We just cannot cope with this epidemic properly without being given adequate resources.

14. OTHER NOTIFIABLE INFECTIOUS DISEASES have been well contained and the details are in the text.

15. SEXUALLY TRANSMITTED DISEASES

When the world-wide upsurge of sexually transmitted diseases was at it's peak in 1975, the number of patients attending our clinics totalled 37 304. Last year the figure was 34 300. Sexually transmitted diseases are not notifiable and as many patients may attend their own doctors, at hospitals, day hospitals, or municipal clinics for treatment, accurate national statistics are not available. The statistics kept by this Department do, however, still indicate the unsatisfactory state of affairs, both in the city and nationwide. We estimate them to represent about 20% of the total figures. (See 'Sexually transmitted diseases' section).

Genital Herpes simplex virus infections received world wide attention during 1982 and a separate register of these cases in our clinics in 1985 showed a total of 159 new cases.

A I D S has been very much in the news recently and in conjunction with the State

and Provincial health authorities a protocol for dealing with such cases has been worked out in detail, and this Department is geared to play its part.

16. POPULATION DEVELOPMENT PROGRAMME

Arising from Circular No. 30 of 1985 issued by the Regional Director, Department of National Health and Population Development, a population development programme commenced in 1985 with the main objective of improving the living standards and quality of life of all the peoples in South Africa.

Having advocated over the years the salient steps I consider necessary for the solution of perennial problems with a socio-economic basis such as pulmonary tuberculosis, malnutrition, the population explosion, etc., which are ultimately curable, not by medical means, but by the upliftment of the socio-economic background of the population, I consider the Cabinet decision taken in this regard to be a potentially epoch making event.

The Population Development Programme is fully supported by the Council and the City Health Department has been authorised to assist wherever possible in attaining the objectives of the programme.

THANKS

I want to record again my keen appreciation and gratitude for the unstinting loyalty of the members of my staff. This refers to all staff, but in this year of turbulence and strife it applies particularly to those living and working in riot-torn areas. Without their motivation, enthusiasm, and devotion to duty, none of the results recorded here could have been achieved. The credit is all theirs.

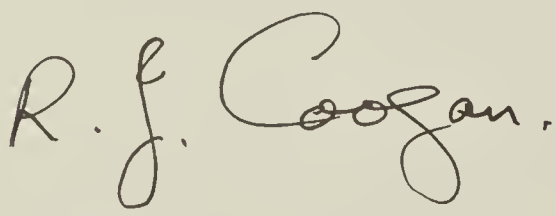
To the members of the Amenities and Health Committee, and to all other Alderman and City Councillors, I also offer my sincere thanks for their consideration and support.

I wish also to thank the Heads of other Council departments and their officials for their co-operation and assistance during the year.

To the Municipal Service Commission, I am grateful for their courtesy, helpfulness and understanding in regard to staff matters.

To the Director-General and the Regional Director, Department of National Health and Population Development, Western Cape, appreciation of their helpful co-operation and understanding in all matters where our mutual interest met.

Last, but not least, to the Ladies and Gentlemen of the Press, and the South African Broadcasting Corporation, many thanks for their accurate, objective, and informative reporting of matters relating to the health of the public, which were of concern to the citizens of Cape Town, throughout the year. Their's is a vital function indeed, and without their co-operation this Department just could not operate effectively.



R J COOGAN
L.R.C.S., L.R.C.P. (IREL.), D.P.H., L.M., F.R.S.H.
MEDICAL OFFICER OF HEALTH

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(1) Hobson, W. (Ed) (1975) The Theory and Practice of Public Health, Oxford Univ. Press. 4th Ed. London. p. 20.

(2) S A Dept. of Statistics, Statistical News Release.

(3) Herman, A.A.B, Wyndham, C.H.
S A Medical Journal 1985; 68: 215-218

(4) National Centre for Health Statistics Hyattsville Maryland U.S.A.

I ADMINISTRATION, FINANCE AND STAFF

The promulgation of the Regional Services Council Act 109 of 1985 and the impending establishment of Regional Services Councils marks the end of an era and heralds a new and challenging future for all concerned in the provision of public health services.

Fortunately, the need to adapt to changing circumstances has been anticipated and since 1974 all divisions of the City Health Department have undergone an intensive programme of re-organisation to meet with future demands.

The two main divisions, namely the Promotive and Preventive Health Services and the Environmental Health services, including all support services, have now been brought up to a level of efficiency and flexibility needed to cope with our responsibilities to the end of the century.

It is perhaps fitting at this stage to look back over the past eleven years and to take stock of the benefits which have flowed from vastly expanded and improved services and the impact the re-organisation has had on the department's personnel and financial requirements.

In 1974, the department provided separate maternal and child welfare, tuberculosis and venereal diseases sessions from 40 self-contained, single-purpose, clinics.

The re-organisation of the Community Health Services commenced with a pilot project at the Heideveld clinic and by the end of 1976 inclusive services were being provided to some 240 000 municipal residents; this figure increased to 680 000 by the end of 1977.

At the consolidation stage of the project towards the end of 1978, 14 fully fledged polyclinics, supported by 32 satellite clinics, were in operation. Tuberculosis sessions were being offered at 15 centres, as opposed to 8 in 1974 and the number of Sexually Transmitted diseases treatment points had increased from 6 to 22.

Despite the considerable increase in patient attendances generated by the improved community health services, and the expansion of health centres from 40 to 46, careful planning and the maximum utilisation of existing manpower resulted in an additional staff requirement of only 31 posts during the 4 year implementation period. It is also interesting to note that from 1974 to date, only two additional posts of Clinical Medical Officers were created.

There are at present 26 polyclinics in operation, supported by 25 satellite clinics, giving a total of 51 and total patient attendances at child health, tuberculosis, S.T.D., family planning and geriatric sessions held at these centres have increased by 87% since 1974. Tuberculosis sessions are now offered at 18 centres and STD clinics at 23.

Leading from the success of the Department's re-organised promotive and preventive services, attention was then focused on the need to re-organise and modernise the provision of all environmental health services in the municipal area.

This project was completed by the end of 1980 and over the period 1978-1985, expansion in support and other services became necessary to meet not only the increased demand generated by the re-organised services, but to provide health services in the Mitchell's Plain housing development scheme, which by the end of 1985 had an estimated population of 200 000.

The following is a summary of the programme of essential expansion and improvements which have been carried out within the department following the consolidation of the Community Health Care re-organisation in 1978:-

1. Community Health Services in Mitchells Plain

To meet the demand for health services in Mitchell's Plain, provision was made at the planning stage for the construction of 6 custom built polyclinics which were to be built concomitant with the development of the various residential suburbs.

In addition to the three polyclinics which have been completed and are in operation at present, health services are also being provided at three temporary clinic facilities operating from converted dwellings. Construction of a fourth polyclinic to cater for the Beacon Valley area commenced towards the end of 1985.

The present number of health centres provided by the Department in Mitchells Plain are as follows:-

Polyclinics		Temporary Clinic Facilities	
Westridge	(1977)	Tafelsig	(1981)
Lentegeur	(1980)	Strandfontein	(1981)
Rocklands	(1983)	Beacon Valley	(1982)

Based on accepted staff/population ratios, a minimum personnel requirement of 80 nursing and allied posts would, under normal circumstances, have been required for these centres. However, as a direct benefit of the improved staff utilisation brought about by the re-organised community health services, the Department was able to draw staff from other centres for this purpose and only 47 new posts needed to be created, which represents a saving on salaries and wages for 33 posts.

2. Langa Polyclinic

For many years community health services in the Langa Township were provided from totally inadequate facilities at the old Langa Hospital.

After lengthy negotiations between the various authorities involved, a modern polyclinic complex was finally completed in 1983.

Initial finance for the project was provided by the Cape Town City Council, however, the total cost of construction and equipment for this Centre, including interest charges, is being recovered by way of monthly rental contributions by the Department of Health and Welfare and the Development Board, Western Cape.

3. Community Liaison

As an extension to the concept of community health care, a Community Liaison section was established in 1979, with a primary function to encourage community organisation and participation to promote social and cultural upliftment by the mobilisation of all community resources to meet the needs of urbanisation.

The Community Liaison officers appointed for this purpose have been actively involved in Valhalla Park and Kalksteenfontein where many families have been re-settled from squatter camps and their services were subsequently extended to the areas of Tafelsig and Beacon Valley in Mitchell's Plain.

A total of three information offices have been established at central points in these areas and staff are available to advise the public on various re-settlement problems which may involve housing administration, marital and social problems etc.

4. Health Education

The best health facilities can only be fully effective if they are supported by a well informed and health conscious public. It is therefore necessary not only to provide essential services such as immunisation and family planning, but to educate the public to utilise them efficiently.

It has therefore always been the policy of the Department that all professional staff should be actively involved in health education. To facilitate staff in-service training in methods and techniques of health education, a Health Education officer was appointed in 1970 to co-ordinate health education programmes generally and to provide a limited number of talks at clinics, factories etc., on a variety of health topics.

Since 1978, three posts of Health Education lecturer have been created to broaden this section's scope of operation and to meet the needs of the expanded services.

5. Environmental Health Services

Arising from a systematic investigation conducted in 1976 by the Department of Health into sanitary conditions in the municipal area, it was found that on the basis of 1824 working hours per health inspector per annum, a total establishment of 78 health inspectors were required in order to provide an adequate level of service. The report recommended that the establishment be increased by 5 posts per annum over a period of five to eight years until the required number had been achieved.

The Fixed establishment as at 31 December 1978 provided for a total of 44 health inspectors and, therefore a further 34 posts were required to reach the minimum numbers required. Council in 1979 adopted the proposals recommended by the Department of Health and a programme of increasing the establishment commenced.

However, leading from the experience and success of the re-organised promotives and preventive services, a planning committee of senior staff was set up under the chairmanship of the Medical Officer of Health in 1979 to investigate and streamline the provision of environmental health services in the Municipal area.

This committee met each month to examine and evaluate existing policies, organisation and procedures with a view to providing a more rationalised and complete service, to increase productivity, and to utilise valuable qualified staff to maximum potential.

The re-organisation that followed involved, briefly, the close reassessment of each environmental health function, the increase of the health inspection division from five to eight, expansion of the specialised Food Hygiene Section, the re-development of environmental health field staff for greater efficiency and the creation of three additional supervisory posts for the new divisions.

As a direct result of the improvements in manpower utilization and productivity brought about by the re-organisation it has only been necessary to increase the effective health inspector establishment from 44 in 1978 to the present level of 64 posts despite the tremendous growth which has taken place within the Municipal area (including Mitchell's Plain) since the original survey was carried out in 1976.

This, inclusive of the 3 supervisory posts which were created in lieu of health inspector posts, represents a saving of 11 posts on that originally recommended by the Department of Health.

6. Air Pollution Control

The Air Pollution control section was created in 1969 to administer Part III and V of the Atmospheric Pollution Prevention Act No.45 of 1965 as amended by the Atmospheric Pollution Prevention Act No. 17 of 1973, on behalf of the Medical Officer of Health.

During the period 1976 to 1981 eight smokeless zones became effective in the municipal area and the control of emission from vehicles was transferred to the section from the Traffic Branch.

In addition, to allay the fears of the general public about radiation from the first nuclear power station in South Africa, a system of monitoring was approved by Council and was installed in 1982.

Six continuous gamma radiation monitors in an arc across the boundary of the municipal area now monitor the existing background radiation and the responsibility for the surveillance of these monitors devolves upon the Air Pollution Control Section. A check is also carried out on six of the monitors installed by the Electricity Supply Commission which also cover the municipal area, to ensure that monitoring by ESCOM is being carried out and for comparison of the readings with the Council's monitors.

Despite the considerable additional workload which has been placed on the Air Pollution Control section by the foregoing, the careful deployment of existing personnel resulted in only 3 additional posts being provided for this section since 1975.

7. Medical Examination and Medical Emergency Service - Civic Centre

Medical examination for initial entry of all employees into the Council's service and for admission to the municipal pension fund are carried out by the Department at the Medical Examination Centre in the Civic Centre (2841 attendances in 1985).

This section also provides free medical attention to approximately 473 uniformed personnel of the Fire Brigade and the Traffic Force. In 1983 free medical attention was further extended to 182 uniformed staff of the Security Services.

A medical emergency service was introduced in 1982 to provide medical help for councillors, staff and members of the public visiting the Civic Centre, in the event of sudden illness or other emergency. This service also provides primary treatment of minor ailments or injuries suffered by members of the staff in order to reduce unnecessary absenteeism.

Other than the appointment of a nursing sister in 1979 to assist in the above duties, the entire operation of the division is managed by one Senior Medical Officer.

8. Central Pharmaceutical/General Stores

Following the transfer of the City Hospital for Infectious Diseases to the control of the Hospital Services of the Cape Provincial Administration in 1981 it became necessary to establish a central pharmaceutical and general store to provide essential requirements and supplies to community health centres, nursery schools, public sanitary conveniences and health inspection divisional offices.

Accordingly, provision was made on the Fixed Establishement for the creation of a total of 11 posts of pharmacy and stores personnel considered the minimum necessary for the efficient operation of the store.

However, as a result of improved procedures that were introduced at the implementation stage, together with a general re-assessment of the Departments supply requirements, a post of pharmacist and Senior Storekeeper were not filled and have subsequently been deleted from the fixed establishment

A total of 93 departmental premises are supplied on a weekly basis and for this purpose 2 provision vans are utilised on a rotational basis by 1 driver assisted by a labourer.

In addition to his normal duties at the pharmaceutical store the Senior Pharmacist also visits all community health centres on a regular basis to ensure that dispensary stocks are kept to adequate minimums and to arrange for timeous return to suppliers of time expired medicines and drugs.

9. Building and Grounds Maintenance

For a number of years the grounds surrounding the various Community Health Centres and nursery schools were maintained by the Parks and Forests Branch of the City Engineer's Department.

Following advice from the Director of Parks and Forests that he would no longer be able to undertake this work, a small grounds maintenance team of three labourers was established for this purpose under the supervision of a working foreman. This team was equipped with lawnmowers and visited the centres in accordance with a planned programme and also undertook minor repairs such as leaking taps etc.

As a result of the success of this venture both from an economic and practical point of view, a combined building and grounds maintenance team was formed in 1981 to carry out an on-going programme of preventive maintenance and re-decoration of major polyclinics and nursery schools. This team has a staff complement of 8 under the direct control of a Senior Works Foreman.

All polyclinics and nursery schools are visited on a regular basis by the Senior Works Foreman or his assistant to ensure that routine repairs are carried out promptly, and a programme is being followed whereby all buildings undergo complete internal and external redecoration at least once every five years. No additional costs in providing transport for the team was necessary as the department was able to supply the two vehicles required from its own fleet.

To illustrate the improvements in general building maintenance efficiency which has been achieved within the framework of limited funds provided for maintenance work, the following is a comparison of building redecorations carried out before and after the introduction of the building maintenance team over corresponding periods which represents a 93% increase.

Period	Buildings Redecorated
1978 to 1980	14
1981 to 1983	27

It is intended to extend the services of the team to include the seven divisional offices and 55 public sanitary conveniences of the Environmental Health Branch and for this purpose provision has been made in the 1985/86 estimates for a further 4 posts.

10. Departmental Courier Service

An essential communications link between the administrative offices in the Civic Centre and the various community health centres, nursery schools, divisional offices etc., is the courier service.

The courier service ensures the continuous and prompt transmission of correspondence, patient records, etc., both to and from head office and between the various centres.

In 1974 this service consisted of four Kombi type vehicles with official drivers, three of which were based and operated from the zonal offices and one vehicle served as the link between head office and the three zonal headquarters.

This was subsequently reduced to two Kombis, each executing a morning and afternoon round of an allocated area of the various districts involved, and in the interests of fuel economy, this service was further reduced in 1979 by eliminating the afternoon rounds.

As further stringent economies became necessary in 1981, the courier service programme was streamlined to its present form of one Kombi per day to do a complete round of the entire municipal area. The service covers a fifty four point-to-point circuit in accordance with a strict sequence and time-table and also provides for the daily delivery of specimens to the government laboratory.

The benefits which have resulted from this revision are twofold, in that not only has it been possible to reduce the official driver establishment by three posts, it also released three vehicles for allocation to the new polyclinics which have been constructed, thus effecting savings of approximately R42 000 on additional vehicle purchases.

Eulalie Stott Creche

Arising from a donation to the Council of a building in Mitchell's Plain for use as a creche cum pre-primary school, a nursery school creche for the residents of Beacon Valley was established in 1983.

The nursery school section is operated by a private organisation, but because of the expertise required, the department was requested by the Council to set up and operate a 20 cot creche in a separate section of the building.

An additional staff requirement of 4 posts was necessary for this purpose.

STAFF REQUIREMENTS

The following is a summary of the minimum additional staff requirements originally estimated for the implementation of the programme of essential reorganisation, expansion, and improvements enumerated above:-

Service	Minimum Additional Staff Required
Community Health Services: Mitchells' Plain.	80
Langa Polyclinic	5
Community Liaison	7
Health Education	3
Environmental Health	38
Air Pollution Control	3
Medical Examination Centre	1
Central Pharmaceutical/General Store	11
Building and Grounds Maintenance	9
Eulalie Stott Creche	4
	161

However, it had been accepted from the outset that this programme of change was due to take place during a period of severe financial stringency and restriction and therefore, before any requests for additional posts were contemplated, considerable care and attention was given to the following during the initial planning stages.

(i) The careful re-deployment and optimum use of all available manpower to meet the redefined aims and objectives of the service.

(ii) The deletion from the Fixed Establishment over a period of time of all posts not required for the re-organised service.

(iii) The introduction of an intensive and ongoing programme of inservice training and streamlined procedures aimed at raising productivity levels of all staff categories.

The number of staff on the Fixed Establishment for comparable services to those provided at present amounted to 733 in 1978, whilst the present net effective establishment totals 823. This reflects an increase over the past 7 years of 90 posts.

It will be seen, therefore, that contrary to the overall anticipated 161 additional posts required to meet the re-organisation and expansion programme, the services provided by the Department have in fact been brought up to the present level of efficiency with only 90.

This represents a reduction of 71 posts, which in real terms amounts to a savings on salaries, wages and allowances conservatively estimated at R568 000 on a recurring annual basis.

Administration in 1985

The economic recession, coupled with the civil unrest which affected most of the city during the second half of the year, made the provision of public health service particularly difficult in 1985.

Whilst the unrest did result in a significant drop in attendances at tuberculosis sessions, patient demand for all other services remained high, with total attendances actually exceeding the 1984 figure.

Throughout this period, maximum use of the department's distribution and transport system was made to ensure that all centres, including those in strife-torn areas, were regularly supplied with essential medical and other essential supplies.

The situation in the field was assessed on a daily basis by the Medical Officer of Health and the safety of all staff operating in the troubled areas was given utmost priority in operational planning.

With the exception of the Langa Mass Radiography facility, which was destroyed by fire, no departmental buildings or vehicles suffered major damage, and most importantly, no Health Department staff were injured during the unrest.

Machinery and Occupational Safety Act

In terms of the Machinery and Occupational Safety Act, 1983, the Minister of Manpower withdrew the regulations previously issued under the superceded Factories, Machinery and Building Work Act, 1941 and issued new regulations effective from 5 October 1984.

The scope of the provisions of the new act, and the regulations framed thereunder, are of much wider application and more specific in the general administrative context.

The implementation of the new regulations in the department has necessitated the setting up of a Safety Committee, the appointment and training of Safety Representatives, regular inspections of premises and reporting on remedial preventative measures initiated and personnel accident (incident) reporting.

Regular meetings of the committee are held in terms of the regulations and formal minutes and copies of all reports submitted are retained on file for scrutiny by a Department of Manpower inspector.

Some 30 personnel of the Administrative, Community Health Care and Environmental Health branches are involved in complying with these requirements as part of their normal duties.

FINANCE

Monthly policy meetings of senior staff continued throughout the year to plan, co-ordinate and direct all aspects of the department's health services towards maximum efficiency within the framework of available funds. Expenditure was rigidly controlled and monitored to ensure that the needs of the service were met without incurring cost increases.

Total expenditure on operating account amounted to R13 947 457, of which R6 445 421 was provided by income (government subsidies, etc.) and R7 502 036 from rates.

As illustrated below, the percentage contribution from rates required to meet the shortfall on increased operating costs rose to 53,8% but has only marginally exceeded the 1978 level.

YEAR	EXPENDITURE	INCOME	RATE CONTRIBUTION	PERCENTAGE REQUIRED FROM RATES
1978	R 3 938 286	R 1 840 899	R 2 097 383	53,3
1979	R 4 475 788	R 2 181 518	R 2 294 270	51,3
1980	R 5 830 227	R 2 946 202	R 2 884 025	49,5
1981	R 7 265 714	R 3 687 430	R 3 578 284	49,2
1982/83*	R 13 551 870	R 6 994 355	R 6 557 515	48,4
1983/84	R 11 491 862	R 5 818 533	R 5 673 329	49,4
1984/85	R 13 947 457	R 6 445 421	R 7 502 036	53,8

* 18 month period

The increase in the amount required from rates was unavoidable and due mainly to the following developments beyond the department's control.

(a) The revised block grant scheme of State Financial Aid introduced from 1984-04-01 has resulted in a lower basis of subsidy on refundable services than previously received under the fixed percentage part-refund system.

(b) Increased costs of commodities and services for non-subsidised services.

(c) An across the board salary increase awarded by Council with effect from 1984-07-01.

(d) An increase in General Sales Tax to 12% from which the Council is not exempt.

(e) Increases in the price of fuel which is a major expenditure item.

(f) An inflation rate nearing 20% by the end of 1985.

As illustrated below, the amount of R 7 502 036 contributed from rates for 1984/85 represents only 5% of the Council's total rate requirements.

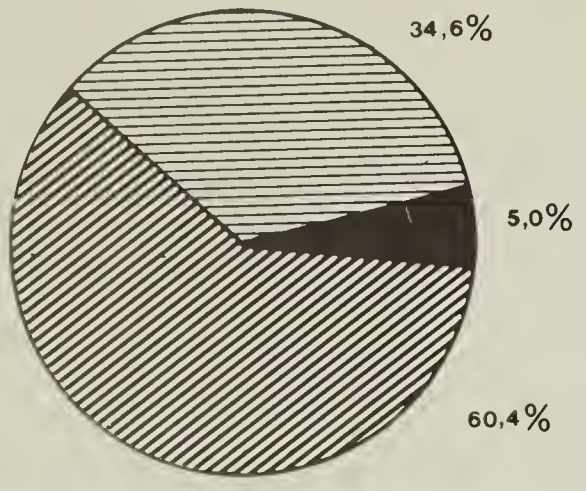
REQUIREMENTS FROM RATES 1984/85

CITY HEALTH DEPARTMENT R7 502 036

OTHER HEALTH SERVICES R51 972 767
E.G. Cleansing, sewerage etc. provided by the City Engineer.

OTHER SERVICES R90 882 173

TOTAL R150 356 976



Capital expenditure amounting to R 306 000 was incurred during 1984/85 for major extensions to the Bonteheuwel Community Health Centre and qualified for 87½% part refund from the Department of Health. A further R 175 000 was provided for the purchase of nuclear monitoring equipment, air pollution monitoring equipment and the replacement of nine motor vehicles.

TRAINING PROGRAMMES

The training of health personnel continued during the year within the cycle of courses geared to the Department's activities. Practical training courses were provided for medical post graduates, medical students, student nurses, and student midwives from seven training hospitals in the Cape Town area. In addition, a continuous programme of in-service training in preventive and promotive personal health services was provided for the Department's own staff of clinical medical officers, community health nurses, clinic sisters and nursing assistants. When requested by Colleges for Advanced Technical Education, practical training of students from outside the service was undertaken by the Department during the student vacation periods. Training courses were provided for medical doctors undertaking post-graduate courses in community medicine, and for other staff attending courses leading to the Diplomas in public health, and community health nursing.

In the interest of increased efficiency, a programme of development of management skills was embarked upon, utilising a Council developed Effective Management Programme which has received the recognition of the Department of Manpower. The contents of the training modules are designed to accommodate all supervisory and managerial levels from first line supervision up to and including assistant branch heads. An initial 10 persons from the Health Department have so far participated.

PRACTICAL TRAINING COURSES

COURSE	STUDENTS EXTERNAL	STUDENTS INTERNAL
Environmental Health Control	495	6
Preventive and Promotive Community Health Services - Nursing	835	386
Preventive and Promotive Community Health Services - Medical	134	4
Family Planning - Medical	172	-
Milk Hygiene Control	11	2
Air Pollution Control	219	69
Field practice in Community work	1	-

PERSONNEL UNDERTAKING APPROVED STUDY COURSES

COURSE	STUDENTS
Diploma in Community Health	2
Diploma in Public Health	10
National Higher Diploma in Public Health	12
Diploma in Community Health Nursing Science	3
Diploma of the Institute of Administration and Commerce	3
MB ChB	3
B.A. Cur.	6
B.A. Admin.	5
B.Soc. Science	2
Staff Induction (Council)	9
Effective Management (Council)	10
Safety Training (Council)	14

STAFF

As at 1 January 1985, the authorised fixed establishment of the Department was 865 posts. Of this amount, 42 vacant posts on the Fixed Establishment and "frozen" by Council on 22 May 1984, were abolished. This left a net effective strength of 823, which together with 2 authorised supernumerary personnel resulted in a total of 825 posts at 31 December 1985.

FULL-TIME STAFF ESTABLISHMENT AS AT 1985-12-31

Medical Officer of Health	R J COOGAN	LRCS, LRCP (Irel.), DPH(N.U.I.), LM (Rotunda) F.R.S.H.
Deputy Medical Officer of Health	M A CHAIMOWITZ	MB ChB, DPH (Cape Town)
Deputy Medical Officer of Health	M E E POPKISS	MB ChB, DCM (Cape Town) DOM (Stellenbosch)
Deputy Medical Officer of Health	N M DURCAN	MB BCh, DPH (N.U.I.), DCH RCP (Lond.), RCS (Eng.), LM (Rotunda), BA (S.A.)
Principal Medical Officer	G R F MASEY	MB BCh, (Witwatersrand), DCM (Cape Town), DOM (Stellenbosch)
Principal Medical Officer	M F MACNAB	B.Sc (Hons) M.Sc MB BCh (Witwatersrand)
Principal Medical Officer	N WALKER	MB ChB, (Cape Town)
Senior Medical Officer	I K BROMFIELD	MB ChB, (Cape Town)
Clinical Medical Officer	H L ACKERMAN	MRCS (Eng.) LRCP (Lond.) TDD, DPH (Wales)
Clinical Medical Officer	V H WRIGHT	MB ChB, (Cape Town)
Clinical Medical Officer	L B BLUMENTHAL	MB ChB, (Cape Town)
Clinical Medical Officer	J C MALKIN	MB BS (Newcastle)
Clinical Medical Officer	B M HAYES	MB BCh N.U.(Irel.)
Clinical Medical Officer	V A F DE AZEVEDO	LM Eduardo Mondlane (Maputo)
Clinical Medical Officer	J I RENNIE	MB ChB, (Cape Town)
Clinical Medical Officer	G H VISSER	MB ChB, (Pretoria)
Clinical Medical Officer	A J WILSON	MB ChB, (Cape Town)
Clinical Medical Officer	M A POTTS	MB ChB, (Cape Town)
Clinical Medical Officer	VACANT	
Senior Veterinary Officer	D VENTER	BV Sc, (Pretoria)

ADMINISTRATIVE		
Chief Administrative Officer	C E BAILEY	AIAC
Assistant Chief Administrative Officer	M P O'LEARY	AIAC
Chief Administrative Assistant	A E S COX	AIAC
Chief Administrative Assistant	D W GILLIES	
Principal Administrative Assistants	5	
Senior Administrative Assistants	7	
Administrative Assistants	33	
Word Processor Operator	1	
Personal Secretary to Medical Officer of Health	1	
Principal Secretarial Typist	2	
Principal Typist	1	
Senior Typist	1	
Typist	4	
Senior Maintenance Foreman	1	
Office Attendant	1	
Messenger	2	
Painter	1	
Handyman	2	
Working Foreman	1	
Senior Clerical Assistant	1	
Storekeeper Class C	3	
COMMUNITY HEALTH CARE		
Nursing Personnel		
Manager, Nursing Services	D HORNE	Certs. S A Nursing Council (Gen. & Midwif.), RSH, Health Visitor
Assistant Manager, Nursing Services	V J DEKENAH	Certs. S A Nursing Council (Gen. & Midwif. & Operating Theatre technique) Nat. Diploma in Community Health Nursing
Principal Nurse, Training	K V MOODLEY	Certs. S A Nursing Council (Gen. & Midwif.), Nat. Diploma in Public Health Nursing
Senior Public Health Nurse	A W JASON	Certs. S A Nursing Council (Gen. & Midwif.), Nat. Diploma in Public Health Nursing
Senior Public Health Nurse	D ENGLE	Certs. S A Nursing Council (Gen. & Midwif.), RSH, Health Visitor and School Nurse
Senior Public Health Nurse	A P GEARY	Certs. S A Nursing Council (Gen. & Midwif.), RSH, Health Visitor
Senior Public Health Nurse	E M A HARWOOD	Certs. S A Nursing Council (Gen. & Midwif.), RSH, Health Visitor and School Nurse
Senior Public Health Nurse	Y A JONES	Certs. S A Nursing Council (Gen. & Midwif., Clinical Care, Admin & Instruction, Community Nursing Science)
Senior Public Health Nurse	B L J MSENGANA	Certs. S A Nursing Council (Gen. & Midwif.), RSH, Health Visitor
Senior Public Health Nurse	I T MATINISE	Certs. S A Nursing Council (Gen., Midwif. &

		Psychiatric), Nat. Diploma in Community Health Nursing)
Senior Public Health Nurse	M M A G NAIDOO	Certs. S A Nursing Council (Gen. & Midwif.), Nat. Diploma in Public Health Nursing
Senior Public Health Nurse	E BEHR	Certs. S A Nursing Council (Gen., Midwif., Psychiatric, Ward Admin. and Clinical Teaching) Nat. Diploma in Community Health Nursing
Public Health Nurse	68	
Senior Clinic Sister	33	
Clinic Sister	74	
Senior Male Nurse	1	
Male Nurse	2	
Nursing Assistant	73	
Family Planning		
Supervisory Nurse, Family Planning	J T LOW	Certs. S A Nursing Council (Gen. & Midwif.), Cytology
Senior Family Planning Nurse	12	
Family Planning Nurse	10	
Nursing Assistant	1	
COMMUNITY LIAISON		
Chief Community Liaison Officer	M E PRICE	B.Soc.Sc., Diploma Housing Management
Community Liaison Officer	4	
Handyman	1	
NURSERY SCHOOLS and CRECHES		
Supervisor of Nursery Schools	J M EBDEN	Cert. Nur. Sch. Teachers
Senior Nursery School Teacher	8	
Nursery School Teacher	8	
Nursery School Assistant	10	
Creche Superintendent	9	
Nursery School Domestic	16	
Children's Help	13	
Nursery School Laundress	7	
Cooking Hand	9	
ENVIRONMENTAL HEALTH		
Director, Environmental Health	J F DU TOIT	Public Health Inspectors' Dip. (R.S.H.) Inspector of Meat and Other Foods Dip. (R.S.H.) M.I.P.H.
Assistant Director, Environmental Health	L L DE ROUBAIX	Public Health Inspectors' Dip. (R.S.H.), Inspector of Meat and Other Foods Dip. (R.S.H.) M.I.P.H.
Assistant Director, Environmental Health	J A MUNRO	Cert. Sanitary (Health) Inspector (R.S.H.) Cert. Meat and Other Foods Inspector (R.S.H.) F.I.P.H. M. SAAFOST
Principal Health Inspector	H J SCHRADER	National Dip. for Health Inspectors', Cert. in Combustion Principles and Practice, M.I.P.H.

Principal Health Inspector	W J LUBBE	Public Health Inspectors' Dip. (R.S.H.) Inspector of Meat and Other Foods Dip. (R.S.H.)
Principal Health Inspector	A GODDEN	National Dip. for Health Inspectors'
Principal Health Inspector	J C SCHAFFERS	Public Health Inspectors' Dip. (R.S.H.) Inspector of Meat and Other Foods Dip. (R.S.H.)
Principal Health Inspector	T J TINKER	Public Health Inspectors' Dip. (R.S.H.) Inspector of Meat and Other Foods Dip. (R.S.H.)
Principal Health Inspector	G P HENDRICKSE	Public Health Inspectors' Dip. (R.S.H.)
Principal Health Inspector	B B OLSEN	National Dip for Health Inspectors
Principal Health Inspector	C P TRAUTMANN	Public Health Inspectors' Dip. (R.S.H.) Inspector of Meat and Other Foods Dip. (R.S.H.) M.I.P.H.
Principal Health Inspector	C J VAN DER BERG	Public Health Inspectors' Dip. (R.S.H.) Inspector of Meat and Other Foods Dip. (R.S.H.) M.I.P.H.
Senior Health Inspector	22	
Health Inspector	41	
Senior Pest Control Operative	7	
Pest Control Operative	16	
Senior Clerical Assistant	1	
Clerical Assistant	6	
Chalet Attendant	143	
Air Pollution Control		
Air Pollution Control Officer	B D OXLEY	O.N.C. (Mech. Eng.) H.N.C. (Elec.Eng.) C. & G. (Higher Fuel Tech.)
Principal Inspector - Pollution Control	H J LINDE	National Dip. for Health Inspectors' and National Dip. in Pollution Control
Pollution Control Inspector	4	
Milk Control		
Senior Health Inspector	3	
Senior Professional Assistant	1	
Laboratory Assistant	1	
OTHER PERSONNEL		
Health Education Officer	T J HURTER	B.Sc, STD (Cape Town)
Health Education Lecturer	3	
Radiographer	4	
Senior Pharmacist	P R FOWLE	Dip. in Pharmacy
Clinic Assistants	3	
Motor Vehicle Driver	8	
Attendant/Cleaner	30	
Domestic	44	
Labourer/Leading Hand	1	
Labourer	6	

II SOCIAL GEOGRAPHY

SOCIAL AND ECONOMIC CONDITIONS

Economic conditions deteriorated in 1985 with continuing escalation of prices for all basic commodities and transport costs. The wages of unskilled and semi-skilled labour have not increased proportionately and greater hardship has resulted. Unemployment increased in 1985.

The largest population group consists of Coloureds (57% of the total population). Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, Blacks from Mozambique, Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from White, Black and other stocks. There is one section of the Coloureds, Moslem in religion, known as 'Malays' who are more immediately descended from the Javanese and brought to the Cape by the Dutch East India Company. They have maintained their own religious and cultural identity.

The social and economic conditions of the Coloureds are on the whole unsatisfactory. A section of Coloureds are skilled tradesmen who earn good wages, but the majority are unskilled workerseekers who earn on an average of less than R76,00 a week when in full employment. The position is aggravated by the large size of their families, through limited sick benefits and unemployment insurance payments are available only to registered workers. Mitchells Plain has provided opportunities for home ownership but the scarcity of rented accommodation in relation to escalating need has perpetuated overcrowding in existing townships. Housing accommodation, apart from municipal schemes, is relatively expensive and scarce. The gap between the social conditions of the White community and the Coloured community remains; few Whites live in unsatisfactory conditions, but the majority of Coloured families live in poor social and economic conditions. Coloured families have been adversely affected by economic inflation, escalation of the price of basic food stuffs, transport costs and the escalation of unemployment. Social conditions have deteriorated because of consumer and school boycotts.

The Black group constitute only 14% of the Cape Town population. They live in the Peninsula Administration Board townships of Langa and Guguletu, or if in domestic service, in their employers' homes. Many of the Blacks are male migrant labourers from the Bantu homelands; but there is an increasing population of urbanised Blacks who are permanently resident in Cape Town and live here with their families. Their social and economic conditions are worse than those of the Coloured people due to greater overcrowding and few houses being built. A new township, Khayelitsha, is being built east of Mitchell's Plain for the Black community who qualify for permanent housing. Government policy has indicated that 99 year leasehold will now be available in the Western Cape. Khayelitsha is administered by the Divisional Council. Black families have been adversely affected by the deterioration of the economy, fewer employment opportunities and escalating living costs. The health service has had to experience new difficulties relating to urban unrest and school boycotts.

The Asian group constitute only 1% of the Cape Town population. They are nearly all traders, and are economically more prosperous than the Coloureds. Some of them are making good progress in business and are well-to-do. Government funds have been provided and houses have been made available for purchase at Rylands. Ground has been made available for Indian development at Pelican Park. Funds have been provided for services and planning is well advanced to increase the number of houses for Asians.

Striking contrasts are presented by the vital statistics of the different races, which will be found in the next section of this report.

III VITAL STATISTICS

DEMOGRAPHIC DATA (Summary data in Tables A and 111.2 Pages 114 and 116).

TOTAL POPULATION.

Estimates of the population as at 1985-06-30 have been calculated using annual growth rates derived from the census of 1970 and that of 1980. These rates were 1,477% for Whites, 2,617% for Coloureds, 2,962% for Asians and for Black 3,279%. The Peninsula Administration Board figures for 1985-12-31 were 17 182 males, 7 318 females for Langa and 46 551 males, 42 443 females for Guguletu, to give a total of 113 492 persons in areas under it's control.

The total population estimate for 1985, at 990 875, represents a 68% growth since 1964, most of which was due to growth in the size of the Coloured community (Table III.1 Page 115 and Figure 3.1.). The race and sex structure of the population is displayed in Figure 3.2 and detailed in Table III.3 Page 116.

Cape Town is thus nearly as populous as Birmingham, England (1981 population 1,006,900).

POPULATION PYRAMIDS

Age - Sex Population Pyramids for the different race groups have not yet been compiled specifically for the Municipal area, but are displayed for 1980 for the whole of the 01 economic region, (which includes Cape Town, Bellville, Wynberg, Goodwood and Simonstown Magisterial districts) in Figure 3.3. On this figure females account for 51,2% of the White, 50,7% of the Coloured population, 49,9% of the Asian and 38,0% of the Black population groups.

Figure 3.4 illustrates the changes in population pyramid form that have taken place over the decade 1970 - 1980 in the Coloured group.

REORGANISATION OF DATA COLLECTION

In tandem with the establishment of a Comprehensive Health Service (see page 70) the basis for a new system of data collection has been blueprinted. In essence this involves the geographic division of the Municipal area into Health Districts (HD). In defining the boundaries of the HD certain objectives were set, namely to allow for the establishment of a data base with reasonable ease, to ensure that this data base could be relied upon to yield accurate and significant data, to take into account the technical resources (chiefly clinic buildings) extant, to take due cognisance of the preferences of the population domiciled therein for particular points of health care delivery, to base HD on Community Health Centres easily accessible to all the inhabitants, to allow for maximum utilisation of all groups of staff and to offer them maximum opportunity and to take natural and man-made boundaries into account (initially basing boundaries on those of census enumerator sub-districts of the 1970 census but accepting that changes will be necessary to follow the later delimitations).

Some 24 Health Districts have been delineated and Map 2 shows the districts extant as from 1 January 1985. It is intended to proceed with revision of all data collection so that pertinent data pertaining to their health status can be related to defined communities; so that the work of the health services can be evaluated and so that the effect of innovative measures can be accurately assessed. For this purpose computerisation is essential and progress was made towards intiating electronic data processing of the tuberculosis statistics.

Figure 3.1 POPULATION GROWTH OF THE CITY OF CAPE TOWN 1962 – 1985

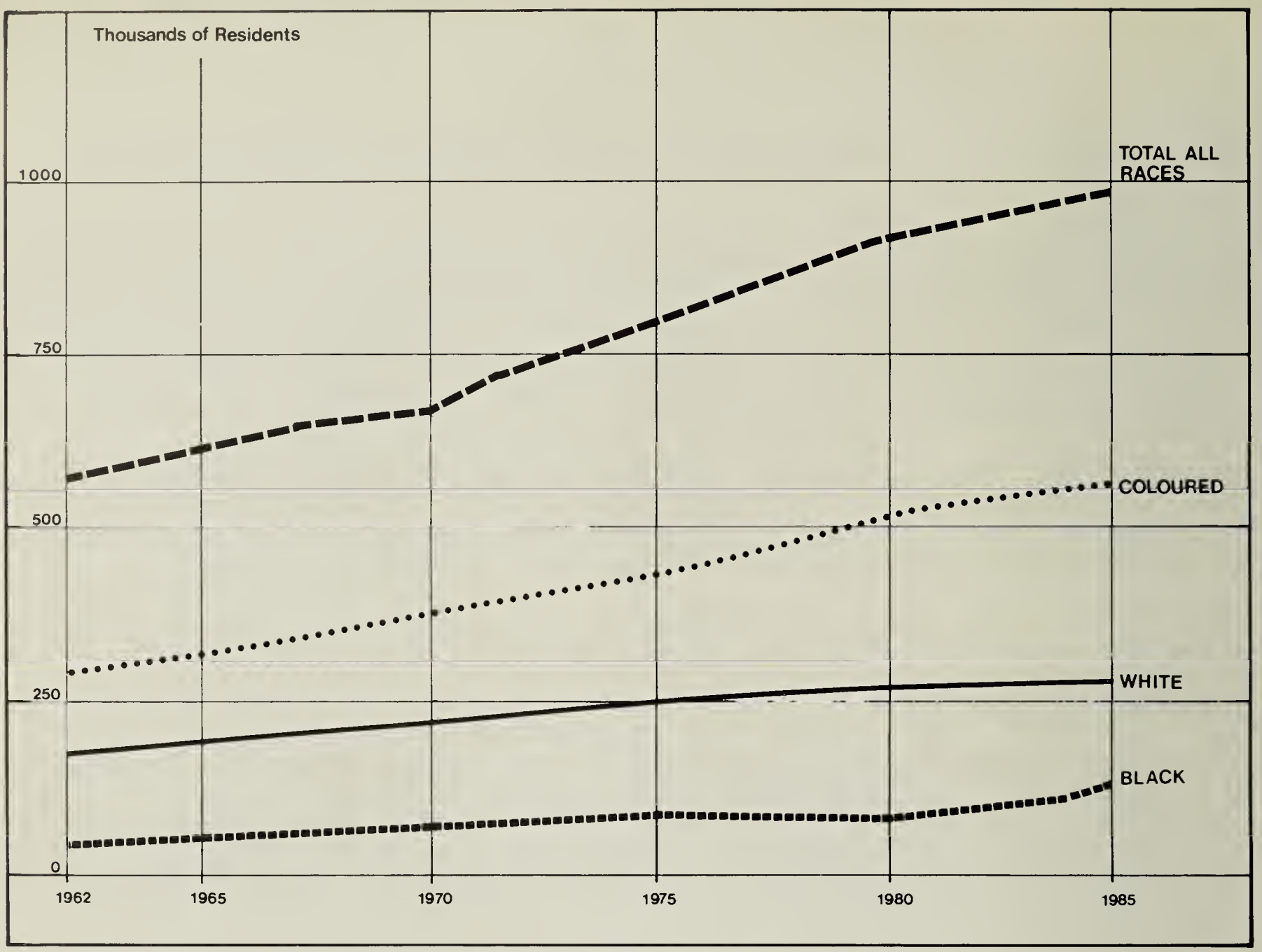


Figure 3.2 POPULATION OF THE CITY OF CAPE TOWN BY RACE AND SEX 1985

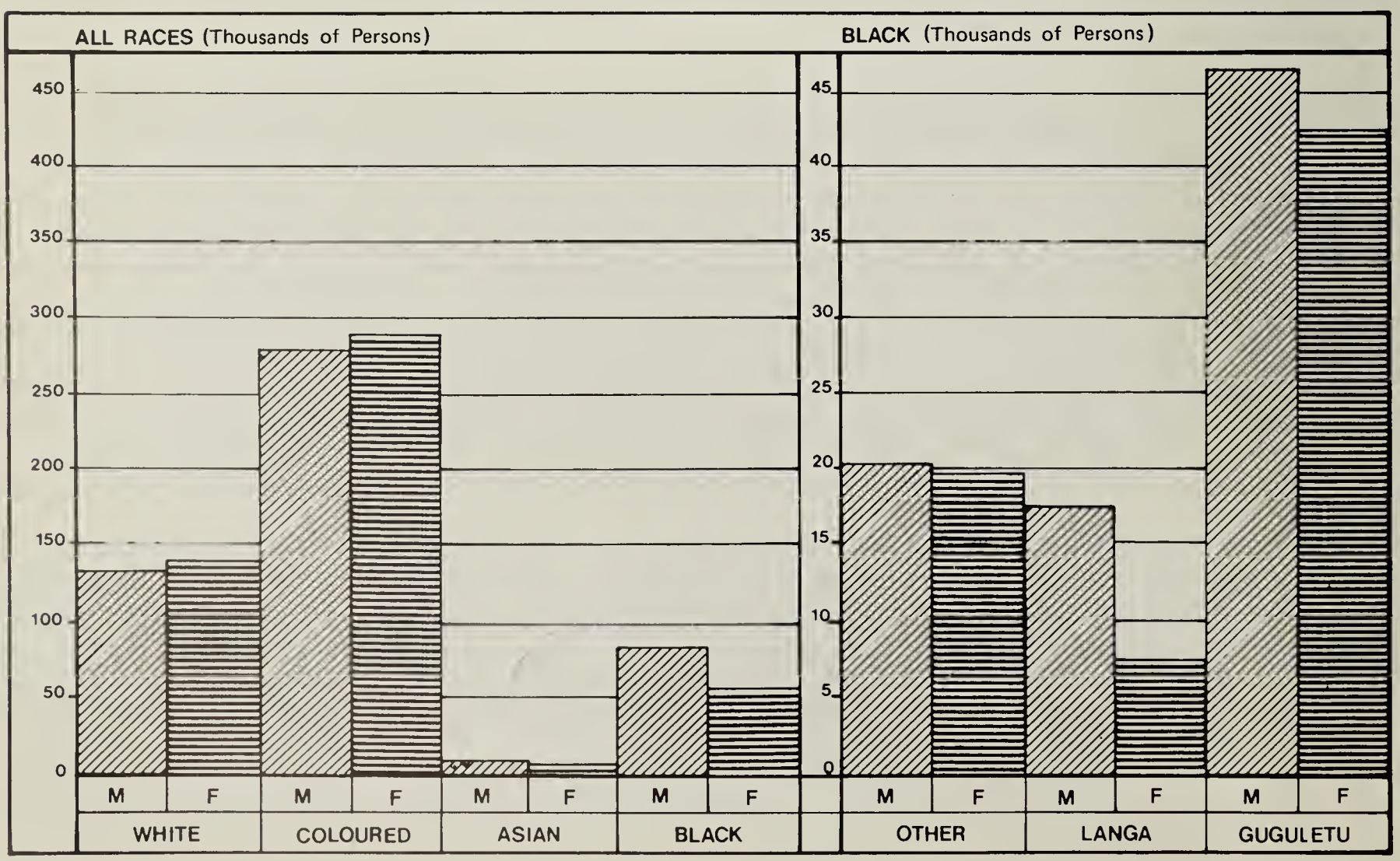
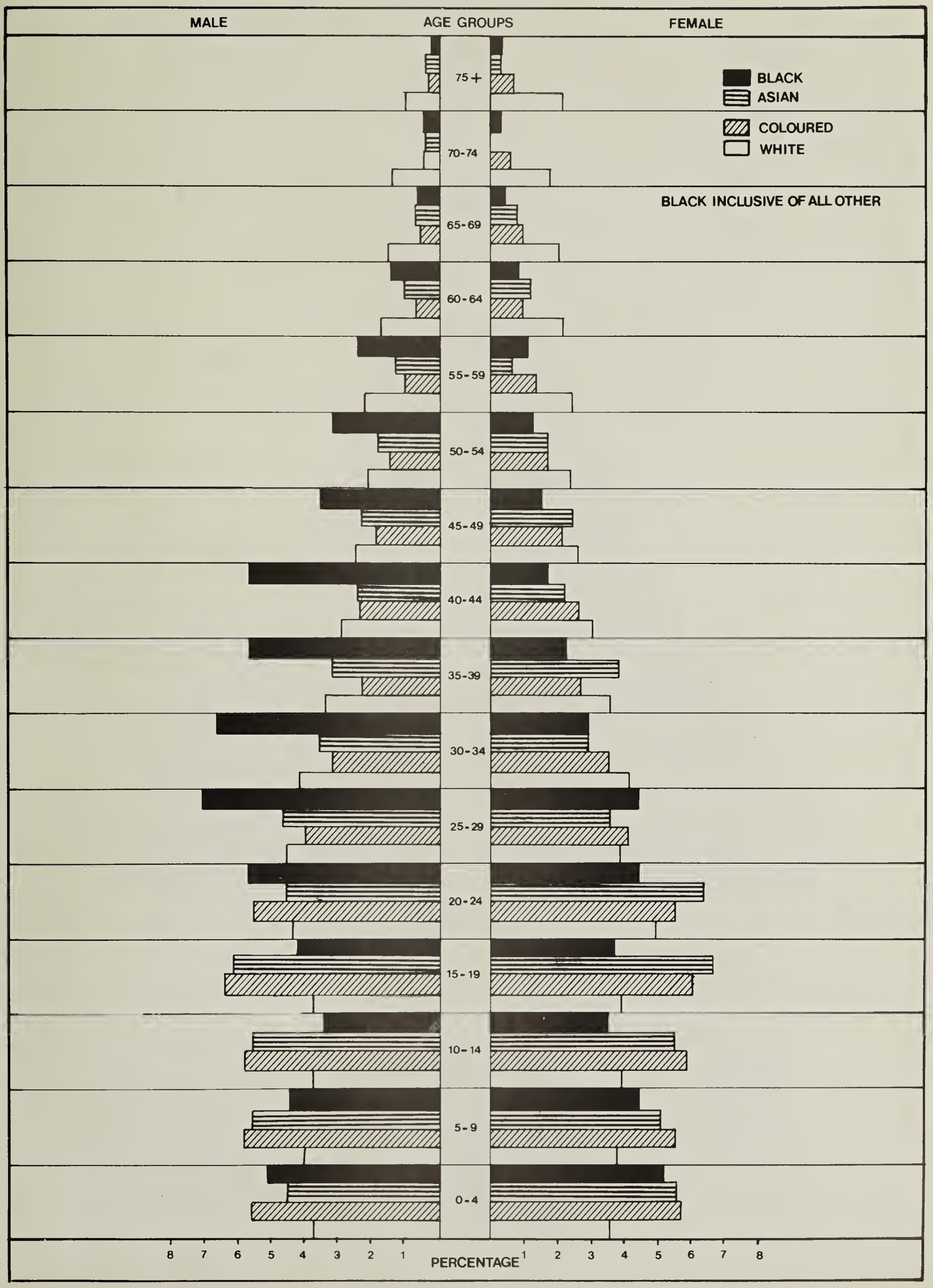
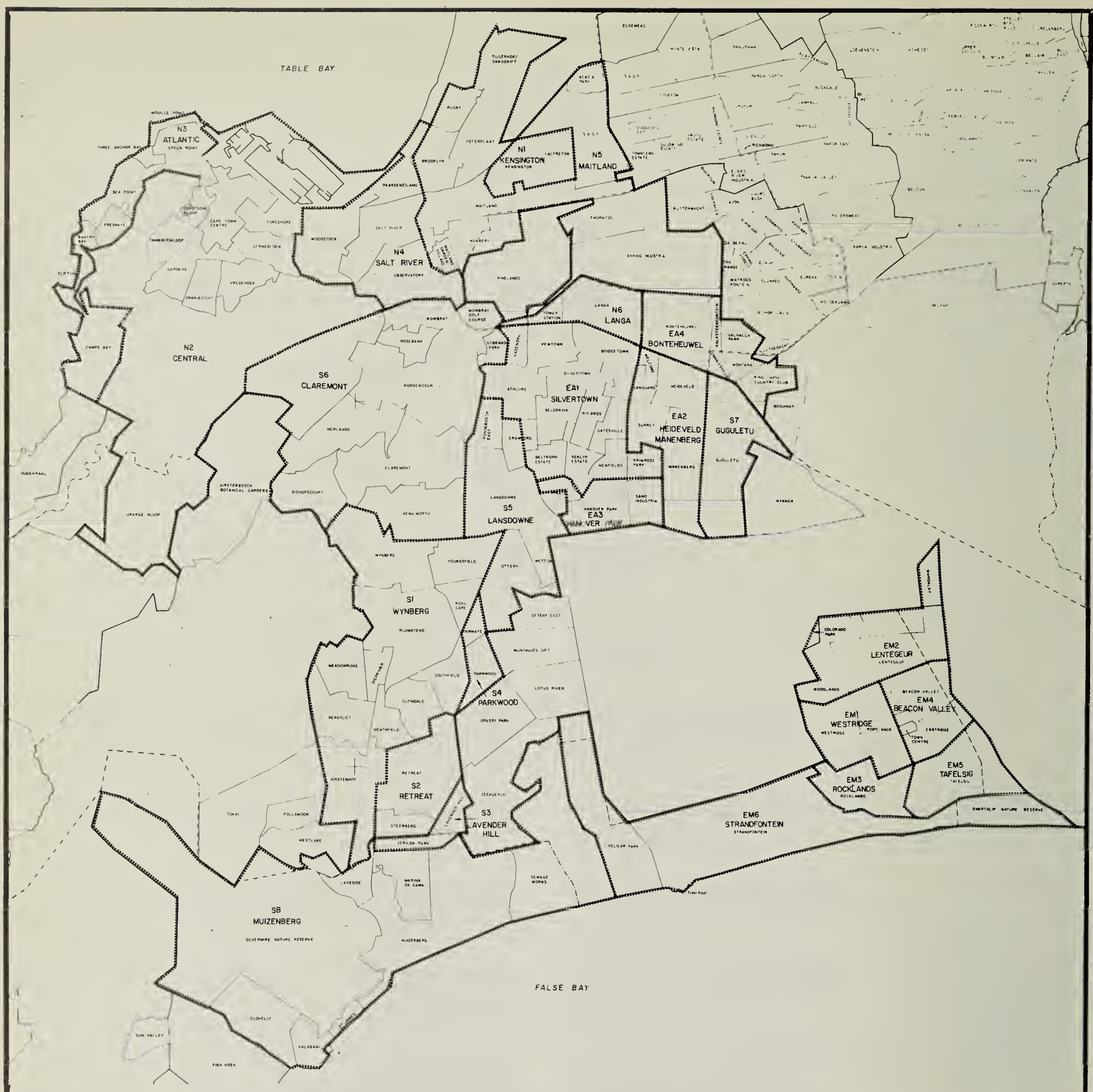


Figure 3.3 POPULATION PYRAMIDS BY SEX AND FIVE YEAR AGE GROUP INTERVALS BY RACE IN THE 01 ECONOMIC REGION (MAGISTERIAL DISTRICTS OF CAPE TOWN, WYNBERG, SIMON'S TOWN, GOODWOOD AND BELLVILLE)





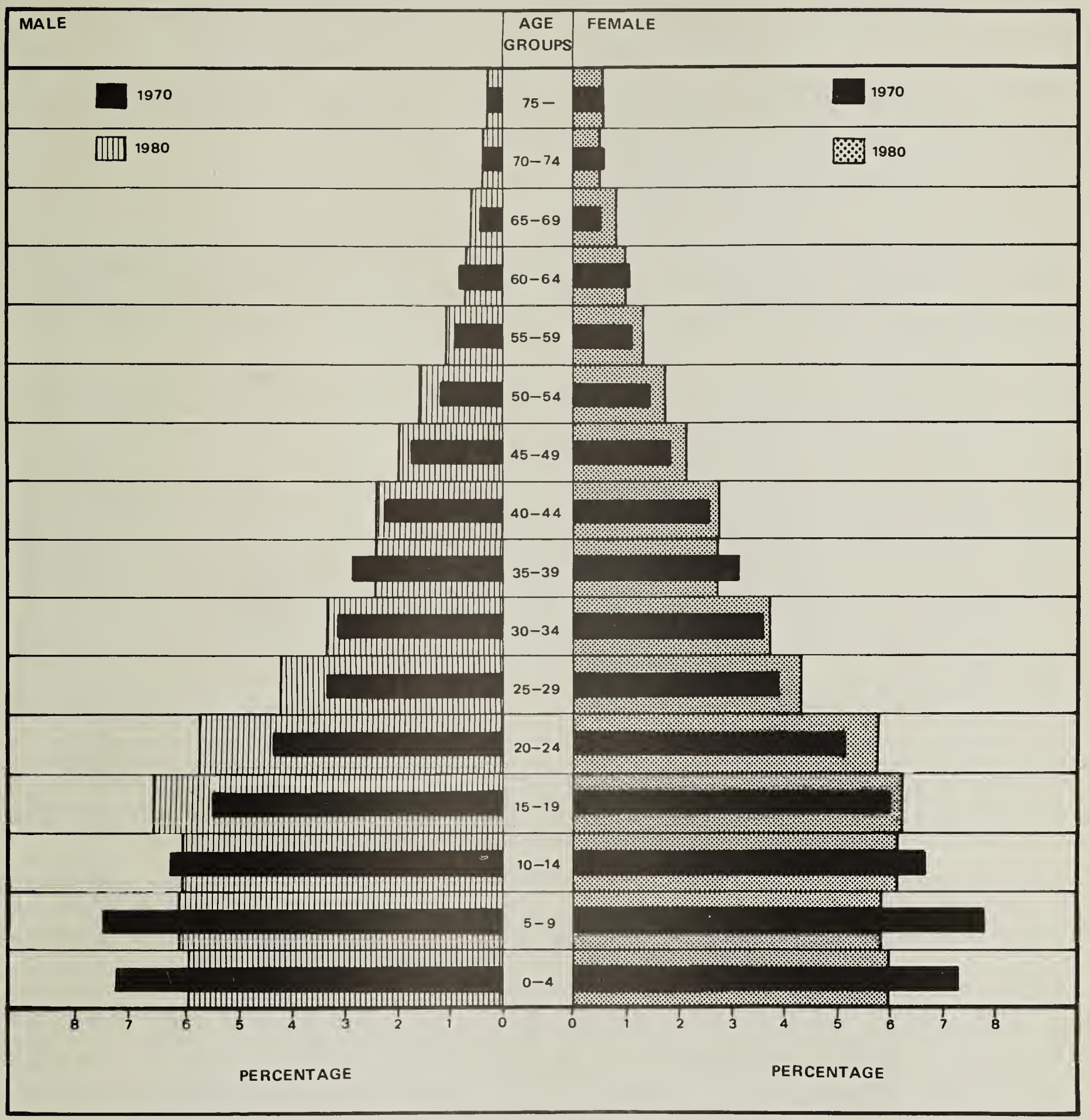
MAP 2 HEALTH DISTRICT BOUNDARIES

N1 Kensington
N2 Central
N3 Atlantic
N4 Salt River
N5 Maitland
N6 Langa

EA1 Silvertown
EA2 Heideveld Manenberg
EA3 Hanover Park
EA4 Bonteheuwel
EM1 Westridge
EM2 Lentegeur
EM3 Rocklands
EM4 Beacon Valley
EM5 Tafelsig
EM6 Strandfontein

S1 Wynberg
S2 Retreat
S3 Lavender Hill
S4 Parkwood
S5 Lansdowne
S6 Claremont
S7 Guguletu
S8 Muizenberg

Figure 3.4 POPULATION PYRAMIDS BY SEX AND FIVE YEAR AGE GROUP INTERVALS FOR COLOUREDS IN THE 01 ECONOMIC REGION (MAGISTERIAL DISTRICTS OF CAPE TOWN, WYNBERG, SIMON'S TOWN, GOODWOOD AND BELLVILLE) 1970 AND 1980



BIRTHS

NOTIFICATION OF BIRTHS

Information regarding births is obtainable either from 'Registrations' made under the Births, Marriages and Deaths Act or from 'Notifications' made under the old Public Health Act. The latter are far superior in respect of this city and use of the former was discontinued by this Department some years ago. The value of the Notification procedure is widely recognised by Health authorities and the necessity for maintaining it was recognised by the passage of an amendment to the Health Act to preserve the validity of the regulations covering it.

NOTIFIED LIVE BIRTHS AND BIRTH RATES

There were 171 fewer (- 6,6%) White, 161 more (+ 0,94%) Coloured, 422 fewer (- 7,9%) Black and 13 more (+ 28,3%) Asian live births to mothers resident in Cape Town during 1985 than in 1984. The trend in terms of actual numbers of such births is shown in Figure 3.5 which covers the years 1966 - 1985 (but which for clarity excludes Asian live births; these accounted for only 0,24% of all live births in 1985).

Table III.4 Page 117 details live births by race and sex for 1984 and 1985 and indicates that the Birth rates for Whites, Coloureds and Blacks decreased slightly while those for Asians rose slightly.

Trends in numbers of live births and birth rates by race 1981 - 1985 are contained in Table III.5 Page 117. The Asian rate has fallen rapidly over this period, the Coloured and Black rates have risen gradually, while the White rate has been fairly static. The rise in the Coloured birthrate is only to be expected as the children reflected in the population pyramids of Figures 3.3 and 3.4 enter the child-bearing age groups and is not an indication of poor family planning programmes.

Langa and Guguletu : There were 4901 Notified Live Black births in Cape Town during 1985, a decrease of 7,9% from 1984.

Live Births are related to population for the different Cape Town Communities in Table III.6 Page 117 which shows that in 1985 the Black birth rate in Langa was 70/1000 population, that in Guguletu was 33,01 and that for other Blacks was 10,9. These figures cannot be directly compared with each other or with the other race group birth rates because of the gender imbalance in Langa.

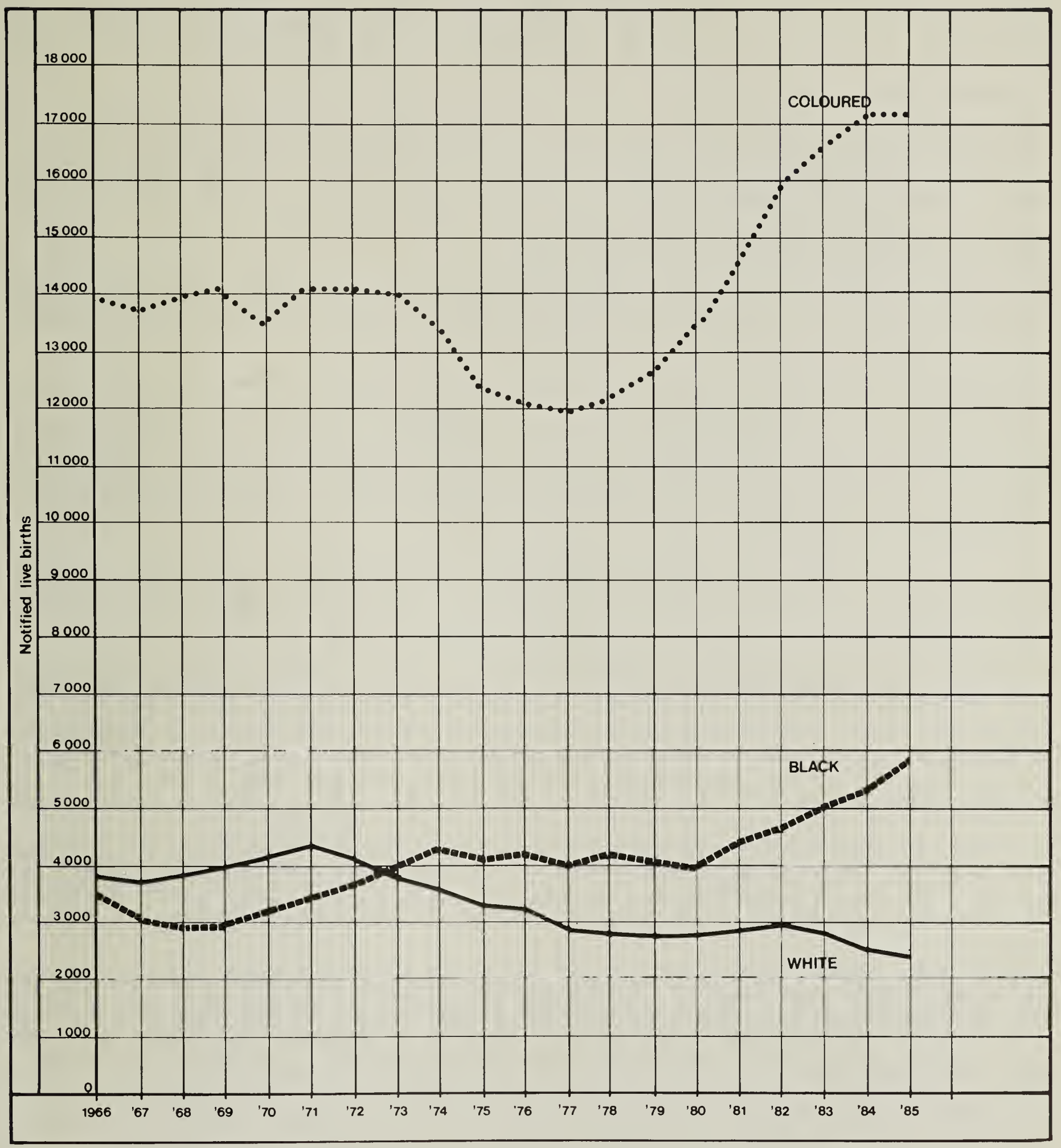
FERTILITY RATES

Table III.7 Page 118 shows an attempt to determine the fertility rates for the various groups i.e. the number of Notified Live Births / 1 000 women in the child-bearing age group during 1985. The Langa fertility rate at 421,73 contradicts the official population figure. The Guguletu figure of 124,50 was much lower but still higher than Coloured fertility and more than three times that of Whites. Table III. 7A Page 118 shows that fertility rates have steadily fallen for Whites and risen for Coloureds since 1978 (these rates have been recalculated using revised population data based on the 1980 census).

STILL BIRTHS (SB) AND STILL BIRTH RATES (SBR)

The Still Birth Rate (SBR) (see Table III.8 Page 119) can be calculated with some certainty as it is not dependent on population data. It is an indicator of the quality of ante-natal care and of general health conditions. While the causes of all these stillbirths were not identified, a paper by Woods and Draper (Woods, D.L. Draper, R.R. (1980) S.Afr. Med. J. 57,441) revealed that abruptio placentae, gross amniotic fluid infection and severe congenital abnormality were the commonest autopsy findings in Cape Town. There was a decrease in the SBR for Whites (from 7,3 to 2,5); an increase for Coloureds (from 12,9 to 14,5); an increase for Asians (from 0 to 16,7); and a decrease for Blacks (from 22,1 to 21,4) in 1985 compared with 1984 - See Table III.8 Page 119.

Figure 3.5 THE NUMBER OF WHITE, COLOURED AND BLACK LIVE BIRTHS TO CAPE TOWN RESIDENTS NOTIFIED ANNUALLY FROM 1966 – 1985



In addition to the 367 SB to municipal residents there were 128 such births to non-resident mothers notified to this Department in 1985 (compared to 362 and 139 in 1984).

Langa and Guguletu : The Still Birth Rate for Langa was slightly lower while in Guguletu the rate was slightly higher in 1985 than in the previous year, (Table III.9 Page 119).

MULTIPLE BIRTHS

There were 297 pairs of twins notified in 1985 (continuing an established trend). The twins are classified according to race and as to whether of the same or mixed sexes in Table III.10 Page 119.

PLACE OF OCCURRENCE OF BIRTHS/BIRTH ATTENDANTS

The trend for deliveries to take place in institutions continued in 1985 when 97% of live and still births to municipal residents were so classified (see Table III.11 & III.12 Page 120).

LEGITIMACY

The percentage of all Live Births that were illegitimate (41,1%), was lower in 1985 than in the previous year (42%,2) (see Table III.13 Page 120). The high percentage (78%) of births to teenage mothers that were illegitimate continues the established pattern in this regard and these births are classified by age and race of the mother in Table III.14 Page 121.

The trend towards an ever higher percentage of illegitimate births over the past quarter century is shown in Table III.15 Page 121, although the 1985 figure of 41,1% of total live births was lower than the peak reached in 1984.

To place local illegitimacy in perspective it is interesting to compare the percentage of White and Black Live births that were illegitimate in Cape Town in 1985 (10,4% and 64,2% respectively) with figures for Whites and Blacks in Washington, United States of America in 1975 (12,9% and 57% respectively).

MONTH OF BIRTH

Coloured and Black births by month are detailed in Table III.16 Page 122. Winter mean monthly births exceeded summer figures in the years 1981 to 1985 as follows: Black: 1981 +15,4%; 1982 +11,3%; 1983 +7,4%; 1984 +6,9%; 1985 + 6,1%: Coloured: 1981 +3,7%; 1982 +3,4%; 1983 +6,5%; 1984 +2,7% 1985 +3,2% (Table III.17 Page 123).

The differentials were usually greater (against 1985) in Coloureds when illegitimacy is considered. The figures being 1980 +9,8%; 1981 +5,3%; 1982 +6,7% and 1983 +19,6%; 1984 +10,1%; 1985 +3,6%. However in Blacks, illegitimacy did not exert the same effect, the winter margin over summer monthly means being 1980 +6,3%; 1981 +6,1%; 1982 +12,9% 1983 +9,1%; 1984 +8,9%; 1985 +1,3% (Table III.18 Page 124).

DEATHS

Information pertaining to Deaths is extracted from the records of, and by courtesy of, the Minister of the Interior.

The validity of the data as to cause of death can be questioned on a number of grounds e.g. - (a) most cases are not subjected to post-mortem and the diagnosis made is thus a clinical one; (b) even where the medical practitioner is confident of the clinical diagnosis the certificate may be difficult to read or interpret, it may give unclassifiable causes of death or it may give more than one cause of death with

no indication of which one the doctor considered the actual cause of death; (c) even

where the actual cause of death is known and stated it is often arguable whether or not an underlying or precipitating cause of that condition should be regarded as the cause of death; (d) the grouping of certain International Classification of Diseases Code numbers in classifying causes of Deaths follows a traditional and arbitrary pattern - it is intended to review this in future reports; (e) it should be noted that mortality figures for the City of Cape Town cannot always include all deaths of Municipal residents which occur outside the Municipal area.

Age-sex-cause-specific data is not presented owing to the lack of computerisation of current demographic data.

GENERAL MORTALITY

NUMBER OF DEATHS AND CRUDE DEATH RATE

There was a slight decrease in the crude death rate for all race groups compared with the previous year (see Table III.19 Page 124) but no clear trend emerges over the past five years (see Table III.20 Page 124).

On the face of it, it would appear as if the death rates for Blacks are not all that different from Whites. However, crude death rates are not reliable health indicators as they do not reflect the age structure of a population. Older persons are naturally expected to die, children not. Yet the Black population consists largely of children and economically active adults whereas the White group has far fewer children and many more retired persons. The large number of deaths in very young Blacks is discussed in the following section.

Langa and Guguletu : Crude Death Rates are given in Table III.19 Page 124.

DEATHS BY AGE AT DEATH

The age at death is tabulated in Table III.21 Page 125 but age specific death rates cannot be calculated without the denominator (population in each age group), which is not available. The percentage of all deaths occurring at age 55 years or more is a health indicator because it rises as more babies survive to such ages. Figure 3.6 details the percentage of all deaths occurring at age 55 years or more for the different race groups over the past ten years and in general there is a satisfactory rising trend in this regard. However the percentage of Blacks dying at or over 55 years remains lower than for Coloured which in turn is lower than that for Whites. There was little change in 1985 compared with 1984. Mortality in the very young is discussed in greater detail on page 29.

PRINCIPAL CAUSES OF DEATH

Causes of death have been coded according to the 9th Edition of the International Classification of Diseases. The principal 'causes' of mortality (groups of causes) are detailed in Figures 3.7, 3.8 and 3.9 which display marked differences between the races.

Certain causes of death are classified more precisely by race in Table III.25 Page 127 and the ratios between infectious and degenerative diseases can be seen to be quite different in the White group to the Black and Coloured Group in this Table.

HOMICIDE

There was a decrease in the number of homicides (code 960-969) to 153 Blacks, 201 Coloureds and 13 Whites. Homicide ranked second in the Blacks and seventh as a cause of Coloured death.

LEGAL INTERVENTION

In a sad reflection of the unrest, legal intervention was the cause of 13 deaths versus 3 in 1984.

Figure 3.6 PERCENTAGE OF ALL DEATHS OCCURING IN PERSONS AGED 55 YEARS OR MORE 1963 – 1985

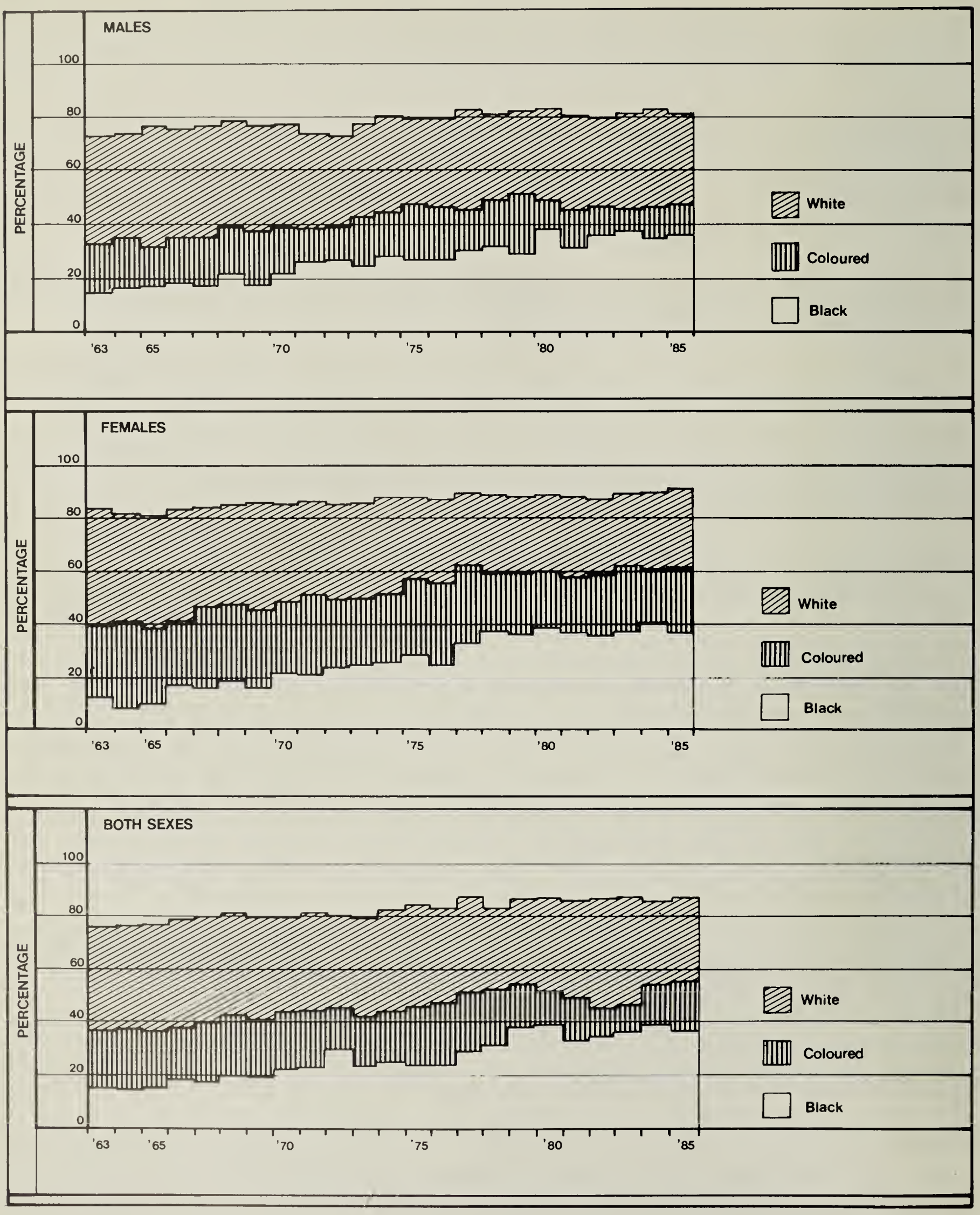


Figure 3.7 PRINCIPAL CAUSES OF DEATHS IN WHITES: 1985

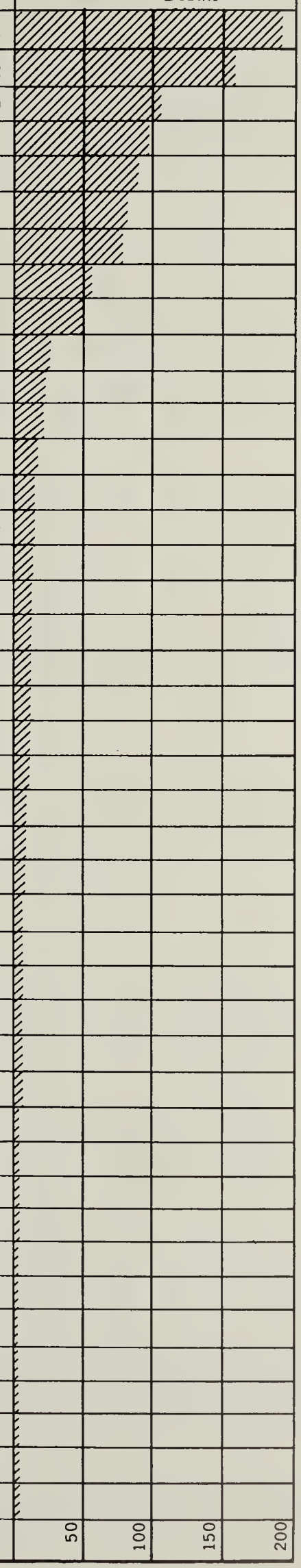
RANK	CODE	CAUSE	DEATHS	% OF TOTAL	RATE PER 1000 POPULATION
1	140-208	Malignant Neoplasm	462	20	1,69
2	410-414	Ischaemic heart disease	421	19	1,54
3	780-799	Symptoms, signs and ill defined condition	418	18	1,53
4	430-438	Cerebrovascular disease	160	7	0,58
5	420-429	Other forms of heart disease	138	6	0,50
6	490-496,466	Chronic obstructive pulmonary disease	95	4	0,35
7	480-486	Pneumonia	86	4	0,31
8	580-629	Diseases of the Genito-urinary system	55	2	0,20
9	950-959,979	Suicide	53	2	0,19
10	440-448	Diseases of arteries, arterioles and capillaries	38	2	0,14
11	570-579	Other diseases of digestive system	37	2	0,14
12	810-829	Motor vehicle accidents	34	1	0,12
13	415-417	Diseases of pulmonary circulation	29	1	0,11
14	038	Septicaemia	28	1	0,10
14		All other accidents	28	1	0,10
16	740-779	Peri-Natal mortality	27	1	0,10
17	510-519	Other diseases of respiratory system	26	1	0,09
18	880-888	Accidental Falls	19	0,8	0,07
19		All other causes	16	0,7	0,06
20	250	Diabetes	17	0,7	0,06
21	960-969	Homicide	13	0,6	0,05
22	330-337	Hereditary and degenerative diseases of central nervous system	12	0,5	0,04
22	401-405	Hypertensive disease	12	0,5	0,04
24	910	Accidental drowning	10	0,4	0,04
25	340-349	Other disorders of the central nervous system	8	0,4	0,03
26	290-299	Organic psychotic conditions	7	0,3	0,03
27	011	Pulmonary Tuberculosis	3	0,1	0,01
27	530-538	Diseases of oesophagus, stomach and duodenum	3	0,1	0,01
27	390-398	Chronic rheumatic heart disease	3	0,1	0,01
27	890-899	Accidents caused by fire and flames	3	0,1	0,01
31	451-459	Diseases of veins and lymphatics and other diseases of circulatory system	2	0,1	0,01
31	004,5,6,8,9 555,6,8	Dysentery and gastro enteritis	2	0,1	0,01
31	317-319	Mental retardation	2	0,1	0,01
		TOTAL	2267		

Figure 3.8 PRINCIPAL CAUSES OF DEATHS IN COLOUREDS: 1985

RANK	CODE	CAUSE	DEATHS	% OF TOTAL	RATE PER 1000 POPULATION	Deaths
1	140-208	Malignant Neoplasms	604	17	1,07	
2	410-414	Ischaemic heart disease	356	10	0,63	
3	780-799	Symptoms, signs and ill defined conditions	319	9	0,56	
4	430-438	Cerebrovascular disease	293	8	0,52	
5	420-429	Other forms of heart disease	240	7	0,04	
6	740-779	Peri-natal mortality	226	6	0,40	
7	960-969	Homicide	201	6	0,35	
8	466 490-496	Chronic obstructive pulmonary disease	188	5	0,33	
9	810-829	Motor vehicle accidents	172	5	0,30	
10	480-486	Pneumonia	141	4	0,25	
11	580-629	Diseases of the Genito-urinary system	92	3	0,16	
12	250	Diabetes Mellitus	78	2	0,14	
13	011	Pulmonary Tuberculosis	63	2	0,11	
14	038	Septicaemia	44	1	0,08	
15	570-579;557	Other diseases of digestive system	42	1	0,07	
16	401-405	Hypertensive diseases	39	1	0,07	
17	415-417	Diseases of pulmonary circulation	37	1	0,07	
18	510-519	Other diseases of respiratory system	32	0,9	0,06	
19	910	Accidental drowning	28	0,8	0,05	
20		All other accidents	27	0,8	0,05	
20	440-448	Diseases of Arteries, arterioles and capillaries	27	0,8	0,05	
22	950-959;979	Suicide	25	0,7	0,04	
23	800-807	Railway accidents	23	0,7	0,04	
24	340-349	Other disorders of the central nervous system	21	0,6	0,04	
25	880-888	Accidental Falls	17	0,5	0,03	
25	970-978	Legal intervention	17	0,5	0,03	
27	004,5,6,8,9 555,6,8	Dysentery and Gastro enteritis	15	0,4	0,03	
28	390-398	Chronic Rheumatic heart disease	13	0,4	0,02	
28	530-537	Diseases of oesophagus, stomach and duodenum	13	0,4	0,02	
30	890-899	Accidents caused by fire and flames	12	0,3	0,02	
31	320-326	Inflamatory diseases of the central nervous system	9	0,3	0,02	
32		Other causes	8	0,2	0,01	
33	710-739	Diseases of the musculoskeletal system and connective tissues	7	0,2	0,01	
34	036	Meningococcal infections	6	0,2	0,01	
34	270-279	Other metabolic disorders and immunity disorders	6	0,2	0,01	
36	090,094	Syphilis	5	0,1	0,01	
36	055	Measles	5	0,1	0,01	
36	330-337	Hereditary and degenerative diseases of central nervous system	5	0,1	0,01	
36	280-289	Diseases of blood and blood-forming organs	5	0,1	0,01	
36		Other infectious and parasitic diseases	5	0,1	0,01	
36	290-299	Organic psychotic conditions	5	0,1	0,01	
42	850-869	Accidental Poisoning	3	0,1	0,01	
42	303	Alcohol dependence	3	0,1	0,01	
42	010,012-018	Tuberculosis, Other Forms	3	0,1	0,01	
42	451-459	Other diseases of circulatory system	3	0,1	0,01	
46	251-259	Diseases of other endocrine glands	2	0,1	0,00	
46	260-269	Nutritional deficiencies	2	0,1	0,00	
		TOTAL	3487			110 220 330 440 550 660

Figure 3.9 PRINCIPAL CAUSES OF DEATHS IN BLACKS: 1985

RANK	CODE	CAUSE	DEATHS	% OF TOTAL	RATE PER 1000 POPULATION
1	140-208	Malignant Neoplasms	196	16	1,44
2	960-969	Homicide	153	13	1,12
3	740-779	Peri-natal mortality	109	9	0,80
4	780-799	Symptons, signs and ill defined condition	99	8	0,73
5	011	Pulmonary tuberculosis	77	6	0,57
6	810-829	Motor vehicle accidents	65	5	0,48
7	480-486	Pneumonia	60	5	0,44
8	430-438	Cerebrovascular disease	59	5	0,43
9	420-429	Other forms of heart disease	50	4	0,37
10	004,5,6,8,9 555,6,8	Dysentery and gastro enteritis	26	2	0,19
11	410-414	Ischaemic heart disease	22	2	0,16
12	580-629	Diseases of Genito-urinary system	21	2	0,15
13	570-579,609	Other diseases of digestive system	18	1	0,13
14	800-807	Railway accidents	16	1	0,12
14	038	Septicaemia	16	1	0,12
16	250	Diabetes Mellitus	15	1	0,11
17	466 490-496	Chronic obstructive pulmonary disease	14	1	0,10
17	510-519	Other diseases of respiratory system	14	1	0,10
19	415-417	Diseases of pulmonary circulation	13	1	0,10
19	401-405	Hypertensive disease	13	1	0,10
19	055	Measles	13	1	0,10
19	970-978	Legal intervention	13	1	0,10
23		All other accidents	12	1	0,09
23	012-018	Tuberculosis, other forms	12	1	0,09
25		Other causes	11	1	0,08
26	890-899	Accidents caused by fire and flames	10	1	0,07
27	910	Accidental drowning	9	0,7	0,07
27	320-326	Inflammatory diseases of central nervous system	9	0,7	0,07
29	880-888	Accidental Falls	7	0,6	0,05
29	950-959	Suicide	7	0,6	0,05
29	340-349	Other disorders of the central nervous system	7	0,6	0,05
32	260-269	Nutritional deficiencies	5	0,4	0,04
33	390-398	Chronic Rheumatic heart disease	4	0,3	0,03
33	440-448	Diseases of arteries, arterioles and capillaries	4	0,3	0,03
33	090	Congenital Syphilis	4	0,3	0,03
36	070	Viral Hepatitis	3	0,2	0,02
36	290-299	Organic psychotic conditions	3	0,2	0,02
38	260-269	Nutritional deficiencies	2	0,2	0,01
38	303	Alcohol dependence	2	0,2	0,01
38	451-459	Other diseases of circulatory system	2	0,2	0,01
38	460-465	Acute respiratory infections	2	0,2	0,01
38	850-869	Accidental poisoning	2	0,2	0,01
38		Other infections and parasitic diseases	2	0,2	0,01
		TOTAL	1201		

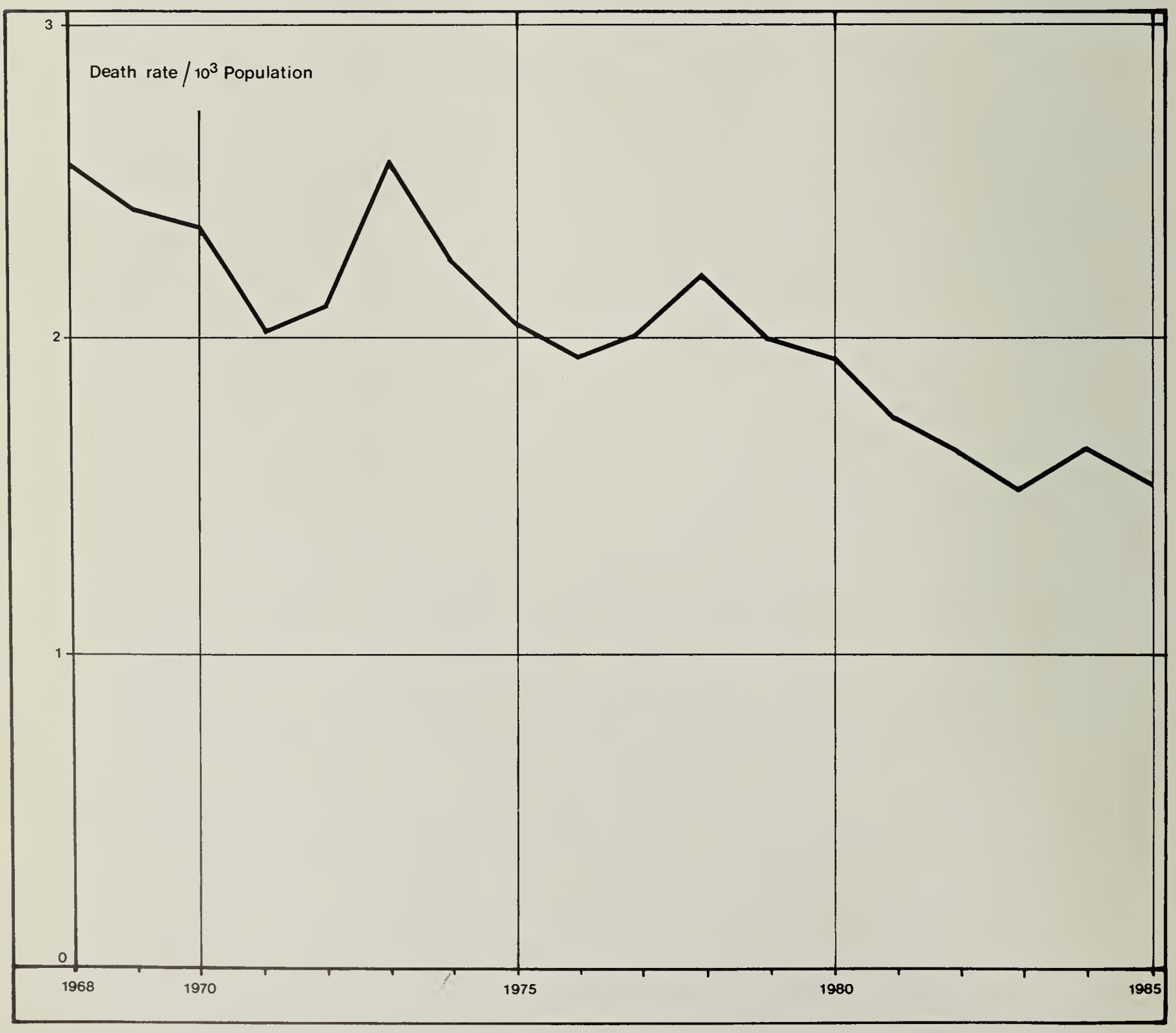


'CANCER' (malignant neoplasms, including those of lymphatic and haemopoeitic tissue, according to the 9th Edition I C D) deaths totalled 1267 (462 Whites, 604 Coloureds, 5 Asian and 196 Black) in 1985 and were the the leading cause of death in all race groups. These are detailed in Table III.22 Page 125 Neoplasms of the lungs and trachea are detailed in Tables III.23 and III.24 Page 126.

There was a slight decrease in incidence compared with 1984. Over the past five years an average of 11% of pulmonary cancer deaths in White males occurred in persons aged less than 55 years and 89% in persons aged 55 years or more. The comparable figures for the combined Coloured/Black/Asian group were 31% under 55 years, 69% 55 years or more.

ISCHAEMIC HEART DISEASE deaths are tabulated in Table III.26 Page 128). There has been a definite downward trend in White mortality due to Ischaemic heart disease since 1968 if rates are calculated according to revised population figures. See Figures 3.9A and Table III.26A Page 129.

Figure 3.9A WHITE DEATH RATES DUE TO ISCHAEMIC HEART DISEASE: 1968 – 1985



TUBERCULOSIS mortality and that due to other Notifiable Conditions are discussed in Section VI (Page 88).

MEASLES deaths over the ten years 1976-1985 are detailed in Table III.27 Page 129. In 1985 there were 18 deaths (5 Coloured and 13 Black) compared with 6 deaths (3 Coloured, and 3 Black) in the previous year. The havoc wrought by this often underestimated childhood disease is a spur to continued preventive efforts (see page 96).

Mortality due to NON-NOTIFIABLE COMMUNICABLE DISEASES is an important index of the priority to be attached to these conditions, as their morbidity is hard to quantify.

INFLUENZA, BRONCHITIS, AND PNEUMONIA mortality over the ten years 1976-1985 is detailed in Table III.28 Page 130. In 1985 there was 1 death due to influenza (1 White), 23 due to bronchitis (9 White, and 14 Coloured), and 289 due to pneumonia (86 White, 141 Coloured, 2 Asians and 60 Black). The importance of age is detailed in Table III.29 Page 130 wherein it is shown that 1 White death, 26 of the Coloured and 13 of the Black deaths due to bronchitis or pneumonia occurred in infants aged less than one year.

DIARRHOEAL DISEASE

In 1985 there were 42 deaths due to these diseases (2 White, 15 Coloured, 1 Asian and 24 Black) which was less than 1984 (3 White, 17 Coloured and 30 Black). The death rate for the whole population in 1985 due to diarrhoeal disease was 4,24 per 100 000 population. Seventy-four percent of these deaths occurred in children under the age of 5 years (26 under 1 year, 5 aged 1 year and nil aged 2 to 4 years) and the diarrhoeal diseases remained a prime cause of Black infant mortality. (see Table III.31 Page 131 and Figure 3.15).

ACCIDENTAL DEATHS : The number of accidental deaths fell from 587 in 1984 to 498 in 1985. Details are given in Table 111.32 Page 131.

SUICIDE : Data for the past five years (Table III.33 Page 131) does not show any marked change in the pattern of suicide accept for a rise in White and Coloured males. The rise was marked in the 25-44 year old age group in Whites and the 15-24 year age group in Coloureds (Table III.34 Page 132). Mode of suicide adopted is given in Table III.35 Page 132.

Langa and Guguletu : The principal Causes of General Mortality in 1985 are detailed in Table III.31 Page 131 for Langa and Guguletu residents. Ischaemic heart diseases, Malignancy, and Accidental deaths accounted for greater percentages of Langa deaths than in Guguletu. A greater percentage of all Guguletu deaths was due to other heart diseases, homicide, perinatal deaths and pulmonary tuberculosis.

MORTALITY IN THE VERY YOUNG

Mortality in the very young is a sensitive index of the efficiency of health services and the health status of communities and is therefore discussed as a special entity in this section of the report.

Deaths in various age groups are detailed in Table III.21 Page 125 which includes data relating to children of pre-school and schoolgoing ages but this section of the report concentrates on deaths occurring before the age of one year, i.e. deaths occurring in infants.

NUMBER OF INFANT DEATHS AND INFANT MORTALITY RATES (MR) IN GENERAL
(see Tables III.2 Page 116, III.8 Page 119, III.36 Page 132, III.37 Page 133, III.44 Page 140 and Figs. 3.10 and 3.11).

The overall decline in the Black and Coloured infant mortality rates over the past decade gives cause for great satisfaction and is a reflection of the high standard of Maternal and Child Care in the City.

Black infant deaths increased from 159 in 1984 to 185 in 1985 with a corresponding increase in the I M R from 28 in 1984 to 38 in 1985. White infant deaths increased from 27 in 1984 to 30 in 1985 with a corresponding increase in the I M R from 10,4 in

Figure 3.10 PERINATAL, NEONATAL, POST NEONATAL AND INFANT MORTALITY RATES 1974 – 1985

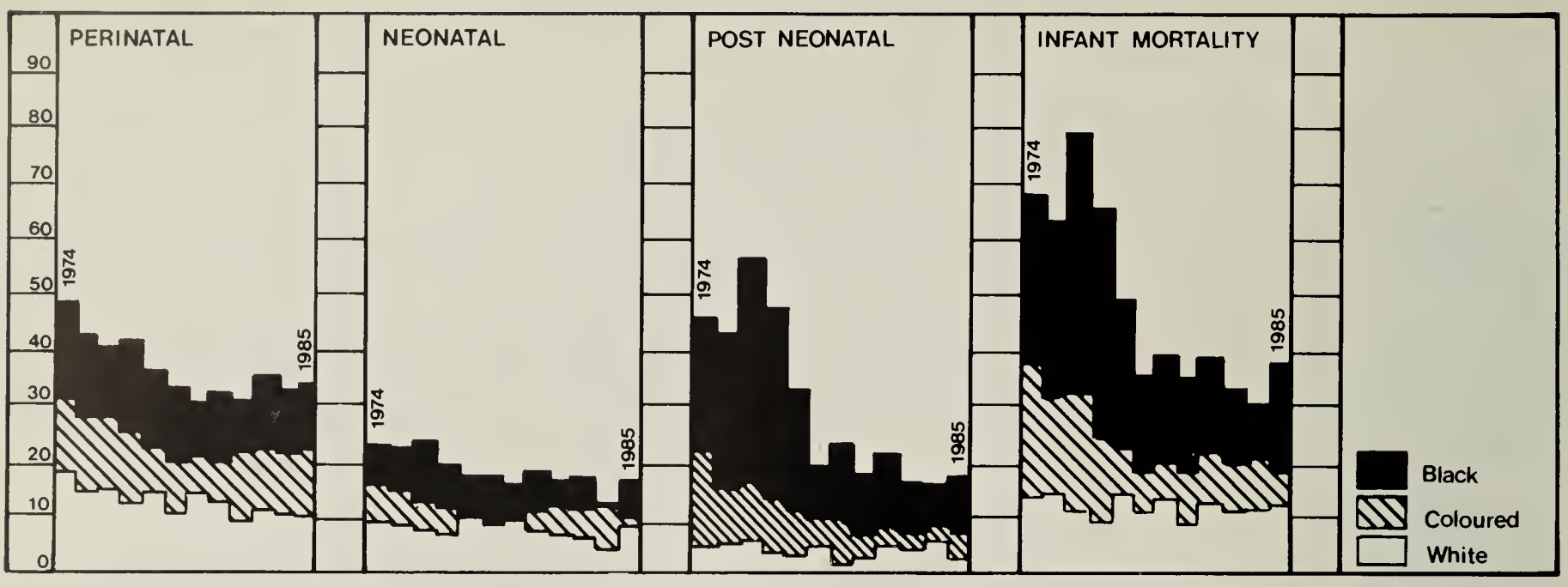
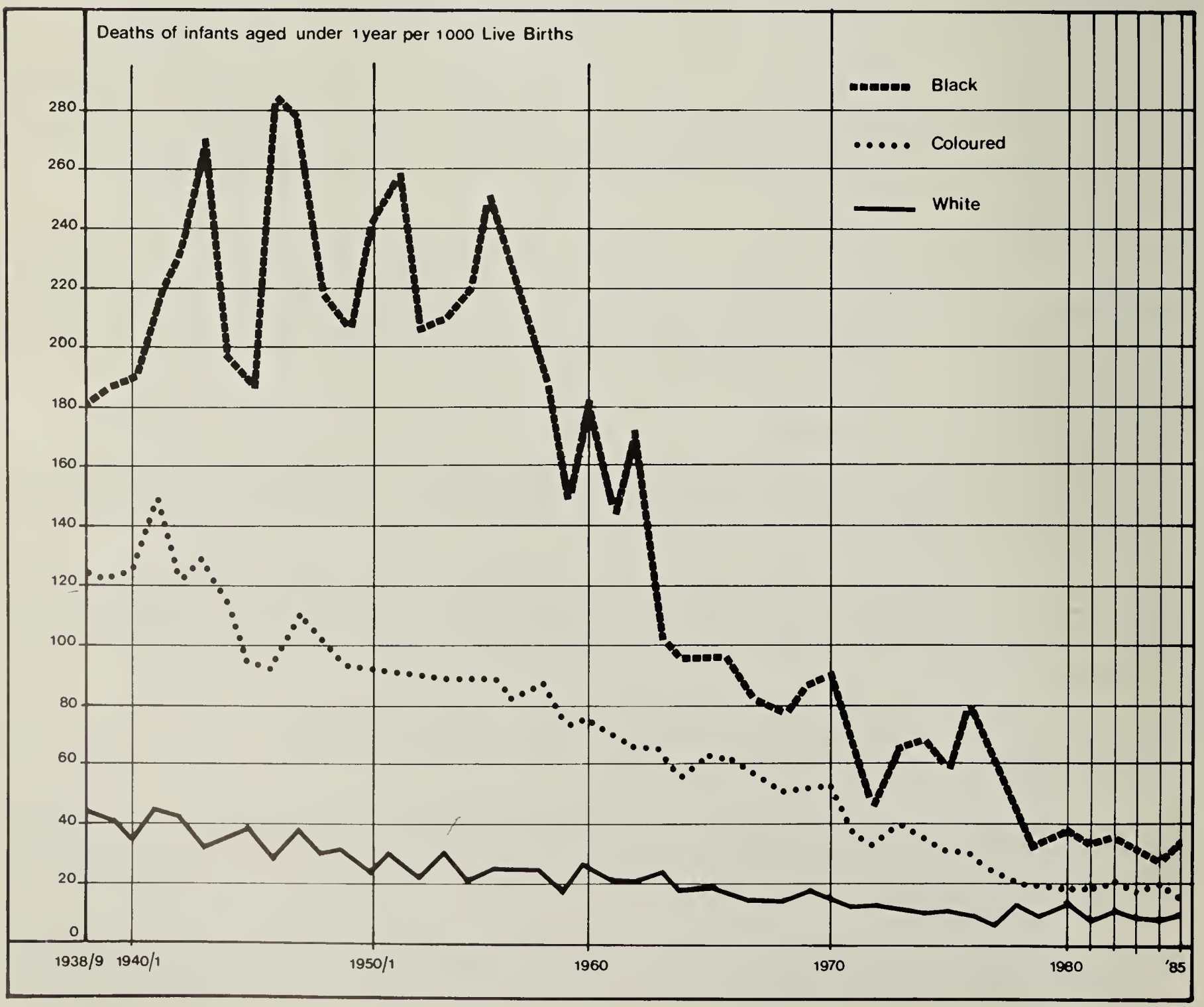


Figure 3.11 INFANT MORTALITY RATES: 1938/39 – 1985

NOTE: 1 Rates based on Registered Births until 1963 and from then based on Notified Births
2 Data collection changed from 'mid year' to 'calendar year' between 1955 and 1956



1984 to 12,4 in 1985. Coloured infants deaths fell from 357 in 1984 to 303 in 1985, with a corresponding decrease in the I M R from 20,9 to 17,6. Asian infant deaths numbered 3 in 1985 and the I M R decreased from 130,4 to 50,9. However as the numbers of this population are so small the rates cannot be regarded as comparable in validity to those for the other population groups.

Although many factors apart from race (maternal age, health, parity, socio-economic class, culture and diet) can influence perinatal mortality it is noted that ethnic differences have been highlighted in Birmingham, United Kingdom by Terry et al (Terry, P.B. Condie, R.G. Settatree, R.S. (1980) Brit. Med. J. 282, 1307).

Comparison with 6 major American cities of 500,000 or more population is interesting - infant mortality rates (U.S. Classification for "Whites" and then "all other races" for 1978 were for Kansas City 16,7 and 38,9; St. Louis 13 and 28,8; Chicago 15,3 and 26,6; Cleveland 14,5 and 25,7 (Source National Centre for Health Statistics, Hyattsville, Maryland, U.S.A.).

Infant Mortality Rate data over the past few decades (Fig. 3.11) reveals the value of Early Notification of Births and the total inadequacy of Registered births as sources of the denominator. The fall in coloured I M R since 1963 is revealed as being at a faster rate than the fall in the White I M R and in both cases the fall is closely correlated with the passage of time. The dangers of predicting the future by means of trend lines are well known, nevertheless Fig. 3.11 indicates that I M R for Coloureds and Whites are nearing equivalence.

The Infant Mortality experienced in Cape Town is discussed below in relation to the age at death, the principal causes of death, the association with illegitimacy and the place of death.

Langa and Guguletu : Infant Mortality - This is a combination of neonatal and post-neonatal mortality and is universally accepted as a reliable indicator of the health status of a community. The 1985 Langa rate of 28,5 compares favourably with that of 21,9 for the previous year and with the Guguletu rate of 43,0 but unfavourably with the White rate of 12,4. The Guguletu rate also compares favourably with that of 31,4 for the previous year.

AGE AT DEATH
(see Table III.38 Page 133 and Figure 3.6)

The usefulness of distinguishing between death rates at different ages lies in the ability to pinpoint causes which can be avoided - those causes being likely to differ as the child ages and is exposed to different hazards.

PERINATAL MORTALITY

This is usually regarded as an index of the quality and the use made of Ante-natal, Obstetric and Neonatal care services, as it embraces both stillbirths and deaths of infants under one week of age; when factors relating to ante-natal care and to the delivery and immediate post-partum period can be expected to have the most effect. (See Tables III.44 Page 140, III.45 Page 141). (Still births were discussed on page 20).

Perinatal Mortality remains the same for Whites (being 10,7 in 1985 and 1984); rose in Blacks (being 33,4 in 1984 and 36,3 in 1985) and Coloureds (22,9 to 23,7) and fell in Asians (from 87,0 in 1984 to 66,7 in 1985).

Table III.45 Page 141 shows perinatal, neonatal and post-neonatal mortality over a five year period in race groups.

Langa and Guguletu : Perinatal Mortality (PNM) - This was similar in both Langa and Guguletu but was about three times as high as that for Whites. (Table III.44 Page 140).

NEONATAL DEATHS

The neonatal period embraces the first 28 days of life and may be further subdivided into early (less than 7 days of life) and late (7-28 days) periods.

Early Neonatal Deaths

These are detailed on Table III.38 Page 133.

In whites the 20 early neonatal deaths accounted for 67% of all deaths under one year while for the other groups (Black/Coloured/Asian combined) the 239 deaths accounted for 49% of infant deaths.

As regards perinatal mortality, early neonatal deaths in Whites contributed 76,9% in 1985 and 32,1% in 1984, while stillbirths contributed 23,1% in 1985 and 67,9% in 1984; in other race groups early neonatal deaths contributed 39,8% in 1985 and 41,1% in 1984 and stillbirths 60,2% in 1985 and 58,9% in 1984 of the total perinatal mortality.

Late Neonatal Deaths
(See Table III.38 Page 133).

These numbered only 3 for Whites and 61 for other race groups, i.e. 13% and 21% of White and other neo-natal infant deaths respectively.

Neonatal Deaths - combining the above.
(See Figure 3.10 and Tables III.38 Page 133 and III.44 Page 140).

There was an increase in the White neonatal mortality from 12 deaths in 1984 to 23 deaths in 1985 corresponding to an increase in the neonatal mortality rate from 4,6 to 9,5. The number of Black deaths (91) increased by 20 and the neonatal mortality rate from 13,3 to 18,6 from 1984 to 1985. Asian deaths (3) decreased by 3 and the rate from 130,4 to 50,9, Coloured deaths fell from 211 to 203 and the rate from 12,4 to 11,8.

Langa and Guguletu : Neonatal Mortality - The position of Langa and Guguletu Blacks vis-a-vis one another and the Whites is shown in Table III.44 Page 140).

POST-NEONATAL DEATHS
(From one month but under one year of age).
(See Table III.38 Page 133 and Figure 3.10).

Ideally, health services and socio-economic conditions should be such that mortality in this period is minimal. The hazards of delivery and the postpartum period are past, the waning of maternal immunological protection should be parallelled by a programme of active artificial immunisation and in general only "unavoidable" causes of death should operate. This situation is approached for the White group where in 1985 there were only 7 such deaths (a rate of 2,9 per 1 000 live births). The Coloured infants, however, suffered 100 deaths (compared with 146 in 1984) with a rate of 5,8 in 1985 compared with 8,6 in 1984. The Black group experienced 94 deaths (compared with 88 in 1984 - with an increase in the death rate from 16,5 in 1984 to 19,2 in 1985. The causes of Black and Coloured deaths are discussed below, but probably two thirds of them were 'avoidable' (see Table III.38 Page 133).

DEATHS BY SEASON

The same problems with data collection discussed on Page 22 apply.

PRINCIPAL CAUSES OF INFANT MORTALITY
(see Tables III.38 Page 133, III.41 Page 139, and Figures 3.12, 3.13 and 3.14).

INFANT MORTALITY IN GENERAL

From Table III.38 Page 133 which lists 22 diseases or groups of diseases it can be

Figure 3.12 PRINCIPAL CAUSES OF INFANT MORTALITY IN WHITES: 1985

RANK	CODE	CAUSES	DEATHS	% OF TOTAL
1	765,769	Prematurity and Respiratory Distress Syndrome	13	43
2	740-759	Congenital Malformations	7	23
3	760-764, 766,768, 770-771,776-779	Other diseases peculiar to early infancy	4	13
4		Other and ill-defined or unknown causes	3	10
5	480-486	Pneumonia	1	3
5	900-949	Accidental	1	3
5	772-775	Haemolytic disease of the new born	1	3
		ALL CAUSES	30	

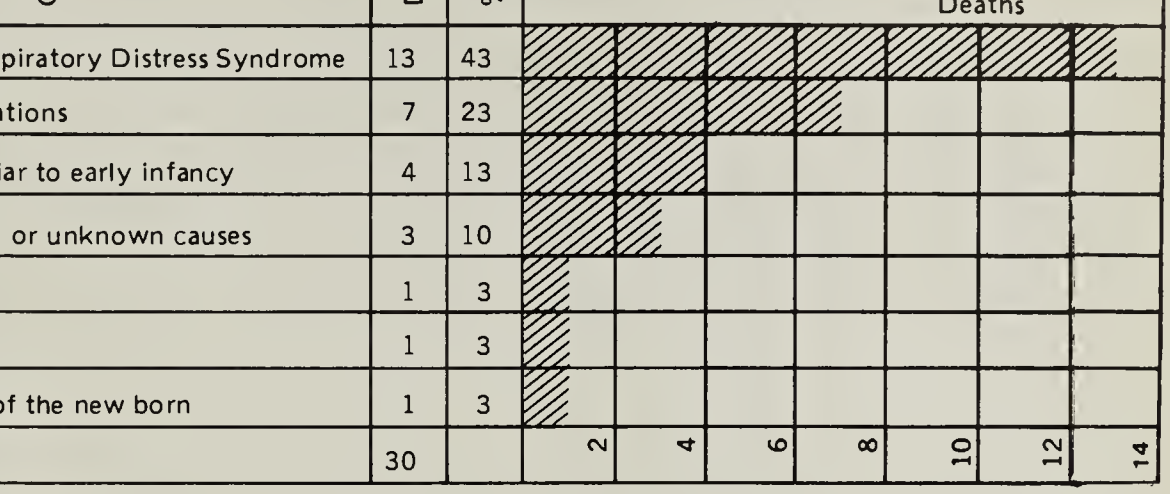


Figure 3.13 PRINCIPAL CAUSES OF INFANT MORTALITY IN COLOUREDS: 1985

RANK	CODE	CAUSES	DEATHS	% OF TOTAL
1	765,769	Prematurity and Respiratory Distress Syndrome	114	38
2	760-764,766,768, 770-771,776-778	Other diseases peculiar to early infancy	60	20
3	740-759	Congenital Malformations	32	11
4		Cause unknown	31	10
5	480-486	Pneumonia	25	8
6	772-775	Haemolytic disease of the new born	8	3
7	009,558	Gastro-enteritis	7	2
8	055	Measles	5	2
9	320-322	Meningitis	4	1
10	036	Meningoccal infection	3	1
10	090	Congenital Syphilis	3	1
12	767	Birth injury	2	0,7
12		Other miscellaneous causes	2	0,7
12	800-949	Accidental	2	0,7
12	260-263	Nutritional maladjustment	2	0,7
16	446,490-491	Bronchitis	1	0,3
16	034	Streptococcal sore throat and scarlatina	1	0,3
16	079	Viral infection, unspecified site	1	0,3
		ALL CAUSES	303	

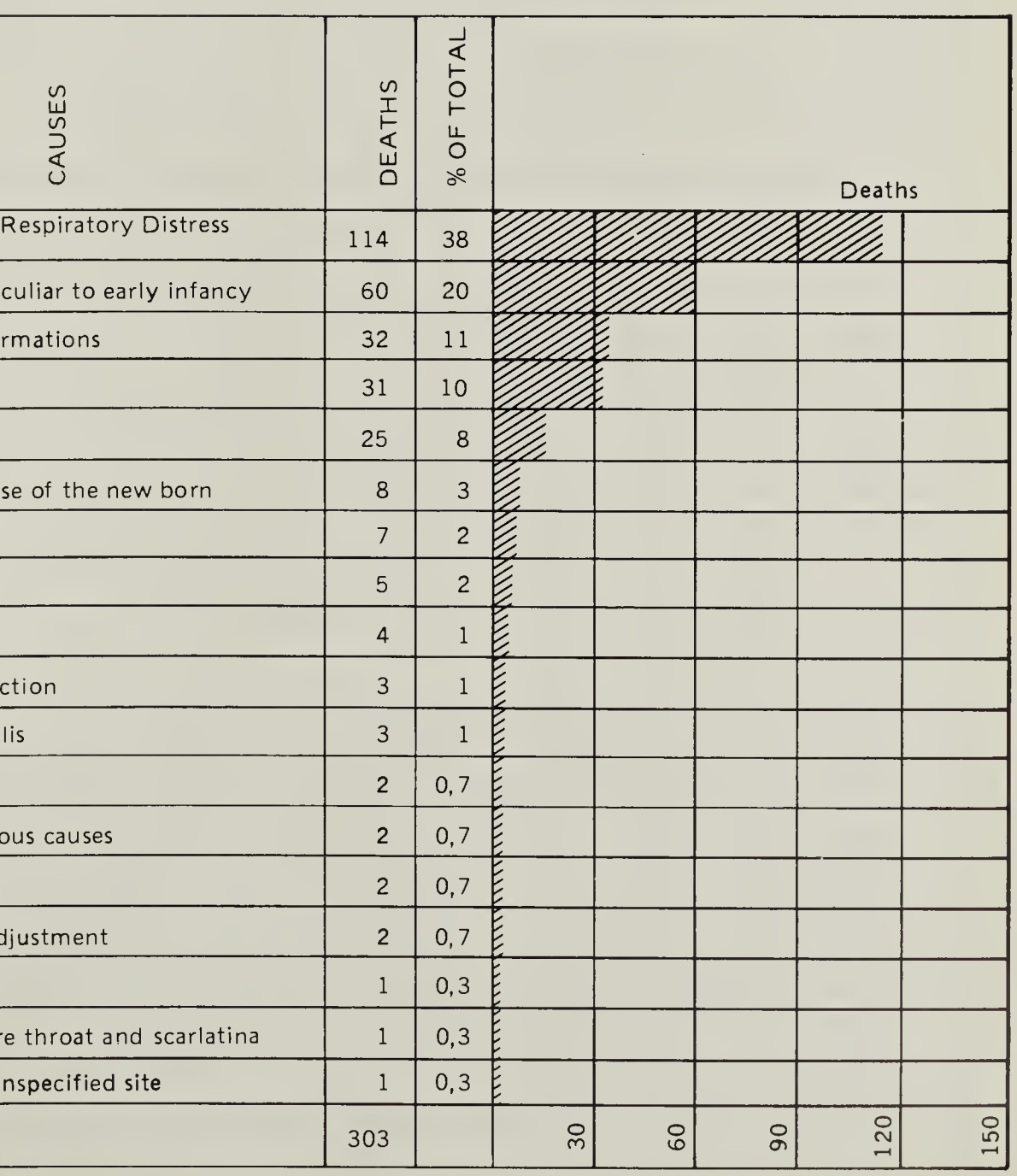
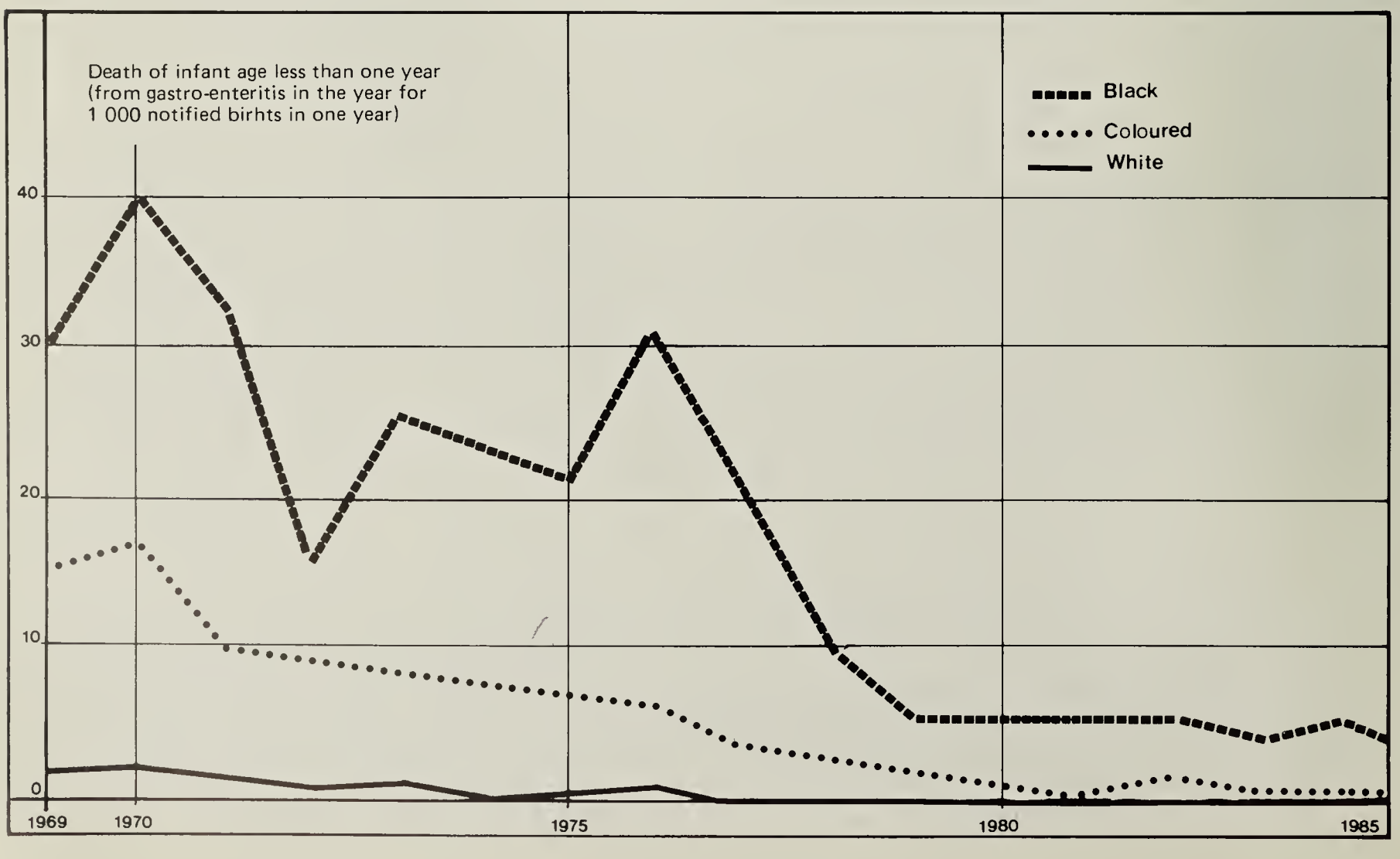


Figure 3.14 PRINCIPAL CAUSES OF INFANT MORTALITY IN BLACKS: 1985

RANK	CODE	CAUSES	DEATHS	% OF TOTAL	Deaths
1	765,769	Prematurity and respiratory distress syndrome	47	25	
2	760-764,766,768 770-771,776-779	Other diseases peculiar to early infancy	30	16	
3	740-759	Congenital Malformation	25	14	
4	009,558	Gastro enteritis	19	10	
5	798-799	Cause unknown	17	9	
6	480-486	Pneumonia	13	7	
7	055	Measles	8	4	
8		Other miscellaneous causes	6	3	
9	090	Congenital Syphilis	3	2	
9	772-775	Haemolytic disease of the new born	3	2	
11	320-322	Meningitis	2	1	
11	260-263, 269	Nutritional maladjustments	2	1	
11	800-949	Accidents	2	1	
11	010-012,014-018	Tuberculosis, Pulmonary and other forms	2	1	
11	460-465	Acute respiratory infections	2	1	
11	510-519	Other diseases of respiratory system	2	1	
17	038	Septicaemia	1	0,5	
17	052	Chickenpox	1	0,5	
		ALL CAUSES	185		10 20 30 40 50

Figure 3.15 INFANT MORTALITY DUE TO GASTRO-ENTERITIS: CITY OF CAPE TOWN 1969 – 1985



seen, as in Figure 3.12, that in Whites the major single problems are, prematurity, congenital anomalies, other disease of early infancy, 'other and ill-defined or unknown causes', pneumonia, accidental and haemolytic disease of new born.

Figure 3.13 shows that in the Coloured group the major single problems are prematurity, other diseases of early infancy, congenital anomalies, cause unknown, pneumonia, haemolytic disease of the newborn, gastro-enteritis and measles. Figure 3.14 shows that in the black group the major single problems are prematurity, other diseases of early infancy, congenital malformations, gastro-enteritis, cause unknown, pneumonia and measles. Figure 3.15 illustrates trends in gastro-enteritis mortality.

Table III.40 Page 138 indicates trends over a decade. It is of great importance that gastro-enteritis has been dislodged from its rank as the No. 1 killer in Blacks as had already happened in Coloureds. This is a success story which reflects the value of a continued promotive preventive and environmental approach to such health problems.

Langa and Guguletu : Causes of Infant Mortality (i.e. deaths under the age of one year) are detailed in Table III.46 Page 142: Guguletu showed higher infant mortality rates due to meningitis, congenital malformation, other newborn diseases, nutritional maladjustments, syphilis, gastro enteritis, pneumonia, premature birth, unknown causes, septicaemia and tuberculosis, than Langa. Langa had higher infant mortality rates due to measles accidents and other causes.

It is pertinent now to examine causes of death in relation to the age at death so that efforts by the appropriate health services can be focussed thereon.

Early Neonatal Mortality

In Whites the 20 early neonatal deaths were due to prematurity (12), congenital anomalies (4), other diseases peculiar to early infancy (3) and other and ill-defined causes (1). Preventive measures here need to be directed chiefly towards determining and avoiding the reasons for prematurity which should be a priority for those concerned with ante-natal care and deliveries. In the Coloured group (Table III.38 Page 133) the 161 early neonatal deaths were due to prematurity (101), other diseases of newborn (32), congenital malformations (16), other or ill-defined causes (4), haemolytic diseases of the new born (3), congenital syphilis (2), bronchitis (2) and birth injury (1). In the Black group, as on Table III.38 Page 133, the 75 early neonatal deaths were due to prematurity (42), other diseases peculiar to early infancy (14), congenital malformations (12), other or ill-defined causes (2), haemolytic diseases of newborn (2), congenital syphilis (2) and pneumonia (1). Here again, the clear priority for health services concerned with ante-natal and delivery services must be to prevent prematurity. In these race groups there is also, however, a much wider spectrum of pathology involved. It is noteworthy how unimportant is gastro-enteritis at this period of the child's life - almost certainly because of breast feeding, or at least bottle-feeding under institutional supervision.

Late Neonatal Mortality

In Whites the 3 deaths were due to congenital anomalies (2) and haemolytic diseases of new born (1). In the Coloured group, as on Table III.38 Page 133, the 42 late neonatal deaths were due to prematurity (12), other diseases of early infancy (11), congenital anomalies (5), other or ill-defined (5), haemolytic diseases of newborn (4), bronchitis (2), meningitis (2) and congenital syphilis (1). Here the health services usually caring for the infant upon its return to the home can hope to prevent only a proportion of these deaths, the ante-natal and delivery services still needing to prevent the remainder at an earlier stage. In the Black group as on Table III.38 Page 133 the 16 late neonatal deaths were due to other diseases peculiar to early infancy (4), other and ill defined or unknown (4), congenital anomalies (3), prematurity (2), pneumonia (1), septicaemia (1) and meningitis (1).

Post-neonatal Deaths

In whites the 7 deaths were due to 'other or ill-defined causes' (2), pneumonia (1), other diseases of the newborn (1), congenital malformation (1), prematurity (1) and accidental (1). Data collation needs to be more precise but it would appear that preventive services are good and the chances of improvement slight.

In Coloureds the 100 post-neonatal deaths were due to 'other and ill-defined' causes (26), pneumonia (21), other infant diseases (17), congenital anomalies (11), gastro-enteritis (7), measles (5), meningococcal infection (3), accidental deaths (2), meningitis (2), nutritional maladjustments (2), haemolytic disease of newborn (1), prematurity (1), bronchitis (1), and injury at birth (1).

In Blacks the 94 post-neonatal deaths were due to 'other and ill-defined causes' (22), gastro enteritis (19), other infant diseases (12), pneumonia (11), congenital anomalies (10), measles (8), prematurity (3), accidental deaths (2), nutritional maladjustments (2), tuberculosis (2), meningitis (1), haemolytic disease of newborn (1), and syphilis (1). Community preventive health services should view gastro-enteritis and pneumonia as a major problem to be investigated and overcome and to regard almost all post-neonatal deaths as preventable and thus as failures of health and social services.

Langa and Guguletu: Post-neonatal Mortality - the Guguletu rate was 21,8 compared to Langa's 14,6 and Cape Town Whites 2,9. This period of the child's life requires informed and responsible parental care, adequate nutrition and protection against infectious diseases. There is a need for continued expansion of child health services in both Langa and Guguletu. Gastro-enteritis and pneumonia are very important causes of death in this age group and are all preventable.

INFANT MORTALITY IN RELATION TO LEGITIMACY

It must be remembered that legitimacy rates are widely different for the different race groups and that associations between legitimacy and infant mortality or indeed race and infant mortality, are in many cases spurious as there are other socio-economic and environmental factors involved.

Table III.43 Page 140 gives infant mortality rate by race and legitimacy for 1984 and 1985 only for deaths of infants whose legitimacy was known (63 infant deaths where this could not be established are excluded from the table).

INFANT DEATHS AND PLACE OF DEATH

Table III.42 Page 139 details the number of deaths in each race group occurring in hospital or at home by neonatal and post-neonatal periods and by legitimacy, 86% of neonatal deaths took place in hospital while only 54% of post-neonatal deaths did so, probably indicating a failure of parents to utilise health services quickly enough. 95% of known legitimate neonatal deaths took place in hospital as did an almost equal percentage of 89% of such known illegitimate deaths (N.B. there were 34 neonatal deaths where legitimacy was unknown). Somewhat surprisingly, whereas 58% of legitimate post-neonatal deaths took place in hospital, the illegitimate figure was 54%. Where legitimacy was not known 41% of neonatal deaths occurred in hospital and 41% of post-neonatal deaths did so.

MATERNAL MORTALITY
(see Table III.47 Page 142).

There were 1 maternal death in 1985; (see Table III.48 Page 143).

VITAL STATISTICS COMPARED WITH OTHER CENTRES

Table III.49 Page 143 details such comparisons for a number of centres.

IV ENVIRONMENTAL HEALTH

GENERAL

Control over the quality of the environment has always been a major function of local authorities.

Leading from the success of the Department's re-organised promotive and preventive clinic services, an Environmental Health planning committee consisting of Medical Administrative staff, officials of the Environmental Branch and heads of other associated sections under the chairmanship of the Medical Officer of Health was established in 1981. Meetings continued to be held monthly during 1985 to receive reports, examine critically the functions and duties of the environmental services, and to plan, coordinate, and direct activities to maximum efficiency.

With effect from January, 1984 the Environmental Health Branch commenced a project of setting certain parameters to ensure effective control over various premises and other environmental areas. Prior to the commencement of this project, a total of 44 categories comprising inter alia, of different types of food outlets, trade premises, institutions, disposal sites and others were selected and parameters to ensure systematic inspections at regular intervals were set for each category. The boundaries of each environmental health district within the Branch's eight divisions were adjusted to ensure an even spread of the workload.

The setting of parameters was continued in 1985 and an evaluation of the results of this project indicates an overall increase in the total number of service items which are tabulated in Table IV.1 Page 144, which reflects a productivity increase of 9,2% against the figures for 1984 without any increase in the staff establishment and compared to the figure for 1983 (prior to parameters) an increase of 24,75%. It has furthermore yielded a marked increase in the surveillance of the City's food supply which is obtained from approximately three and a half thousand premises.

In order to assess the standard of food hygiene in the city and the efficacy of the abovementioned parameters, various methods were considered in order to quantify risk factors pertaining to food hygiene. Finding a suitable method to reduce the risk of food contamination was not an easy task and various experiments were conducted as to how the implications of food safety could be collated in a uniform and meaningful manner.

It also became apparent that food poisoning and bacteriological statistics alone did not provide an adequate picture of food hygiene.

Having had a concept of what was required, research indicated that a system practised in Northampton in the United Kindom proved successful and this was adapted to form the basis of an evaluation system being introduced during the latter half of 1985. This project has as yet not been completed, but initial indications reflect favourably.

With escalating unemployment being one of the most serious problems facing people of Cape Town, the department contributed and wholeheartedly supported a report on home industries which was adopted by Council on 1985-10-31. The objective of this report was to amend the Council's Town Planning Scheme which would then allow for home industry operations which undoubtedly would be of benefit to the individual and the wider community.

Whilst in agreement with this objective, caution had to be exercised in respect of food production which can pose a threat to the health of immediate and remote communities.

In the case of industries other than those involved in food production the safeguard proposals were considered to be reasonably adequate to control such industries, particularly from a nuisance point of view.

Environmental health control is divided into three functional divisions namely:

1. Environmental Health Branch which is responsible for environmental health

control in the City as laid down in the Health Act 63 of 1977 and other legislation. This includes Food Control. The Branch is organised in eight geographical divisions, one Food Hygiene Division and three specialist sections.

2. Air Pollution Control Section which administers the Atmospheric Pollution Prevention Act No. 45 of 1965.

3. Milk Control Branch which is responsible for the control over the production and distribution of milk supplies and control over meat processing plants.

The abattoir is under control of the City Administrator and the Director of the Abattoir.

Drainage, sewerage and refuse removal are functions of the City Engineer's department.

Housing falls under the City Administrator and Director of Housing. All these functions are monitored by the Environmental Health Branch.

ENVIRONMENTAL HEALTH BRANCH

The staff establishment of this Branch for 1985 was 75 Health Inspectors, (the Director, Environmental Health and two assistants, 9 Principal Health Inspectors, 22 Senior Health Inspectors, 41 Health Inspectors) and other supporting personnel such as administrative staff, pest control operators and cleaning attendants.

The inspections and other work carried out on district by health inspectors of this Branch during 1985 are tabulated in Table IV.1 Page 144, the total number of notices served in 1985 being 5 1567

The Health Inspectors' functions and duties are reflected in the implementation of the following legislation:-

1. The Health Act with particular reference to the control of communicable diseases, maintaining hygienic conditions, preventing nuisances and monitoring water supplies through regular sampling.

2. The Foodstuffs, Cosmetics and Disinfectants Act with regard to monitoring food additives, foreign substances, microbiological standards, labelling, adulteration of compositional standards, preservatives and antioxidants, pesticide residues and false or misleading advertisements. Food samples are taken regularly to ensure compliance with the provisions of this legislation.

3. Hazardous Substances Act. Although the implementation of the provisions of this Act has not been delegated to the City Council, the Environmental Branch monitors the method of storage, sale and disposal of hazardous substances. An extensive survey of premises handling hazardous substances has been carried out and valuable data obtained.

4. The Housing Act with reference to reporting on applications to demolish or convert residential premises.

5. The Slums Act with reference to inspection of residential accommodation to ensure minimum standards and for the purpose of slum declarations.

6. Licences Ordinance 17 of 1981 regarding the inspection and reporting on commercial premises for the purpose of licensing. Being a large city with numerous commercial and Industrial undertakings, the application of requirements in respect of every individual type of business puts a heavy workload on the staff.

7. Food bylaws and Regulations with regard to hygienic food handling and minimum standards to which food premises shall comply.

8. Bylaws and Regulations relating to hygiene and structural standards of:-

Accommodation Establishments
Barbers and hairdressers
Bakeries
Butchers and Fish Shops
Butcher Vehicles
Cafe Keepers and Restaurants
Dairies and the sale of Ice Cream
Laundries and Dry Cleaners
Places of Entertainment
Vending Machines
Hawkers
Mattress Makers and Upholsterers
Offensive Trades

9. Regulations relating to the destruction of unsound foodstuffs.

10. Bylaws relating to the keeping of animals.

11. Bylaws relating to the suppression of nuisances.

12. Bylaws relating to the erection of tents (including caravans and similar structures).

13. Bylaws relating to the sale of unclean and verminous goods.

14. Regulations relating to the Rodentproofing of buildings and the extermination of rodents.

15. Regulations relating to the control of Communicable diseases such as isolation of contacts and carriers and excluding patients and contacts from school.

16. Bylaws relating to conditions likely to provide shelter for vagrants.

17. Bylaws relating to building construction and drainage with particular reference to plans examined by the district Inspector and inspections carried out of buildings under construction.

18. Other statutory provisions which do not fall under the jurisdiction of the Council but which require liaison between the Branch and official bodies.

The Branch is also involved with monitoring functions related to environmental health which are carried out by other Departments of Council, such as solid waste disposal, sewerage disposal, municipal housing, provision of public amenities e.g. beaches, swimming pools etc and also the supervision of public sanitary conveniences.

The branch has also identified "environmental problem areas" which for various reasons, socio economic and otherwise, require almost daily attention with the objective of improving and eliminating such problems. During 1985 35 out of a total of 197 such areas were completely eliminated and 25 were added to the list. Progress is monitored at the monthly Planning meetings.

HOUSING

Note: This section is usually updated on the basis of a report from the City Administrator which cannot be provided in time for inclusion this year. 1 879 houses were constructed by the City Council but the waiting list grew to 44 353.

PRIORITY HOUSING ALLOCATION

Details of families who have applied for re-housing on the grounds that their health

URBAN RENEWAL

is seriously affected by their present living conditions are referred for comment to this department by the Director of Housing. A thorough investigation (including home visits) is done by nursing and medical personnel.

My recommendation is given to the Director of Housing if I am of the opinion that the medical circumstances of the family are such to warrant priority housing allocation.

41 cases were reviewed in 1985, of which 27 were recommended for priority.

THE HOUSING ACT (ACT NO. 4 OF 1966) as amended.

Before the demolition, or conversion to uses other than residential, of residential accommodation, permission must be obtained from either the Department of Local Government, Housing and Works or Department of Local Government, Housing and Agriculture (in the case of "dwellings", which have not more than five living rooms) or the local authority (in the case of other premises in respect to proposed conversions). The Cape Town City Council has delegated its powers under the Act to the Medical Officer of Health who submits recommendations to the abovementioned departments in respect of dwellings and larger premises, the latter, in respect of demolitions only. Dwellings are covered by S.85(1) of the Act and recommendations concerning 99 such applications were submitted to the Department of Community Development in 1985 (see Table IV.5 Page 148). The conversion of other premises (with more than five living rooms) are covered by S.85(4) of the Act and 20 such applications were granted in 1985. The number refused was 4.

In 1985 the relevant state departments who administer the Housing Act were requested to grant this local authority discretionary powers in order to facilitate the establishment of home industries previously mentioned in this report. This aspect has not been finalised as yet.

Langa and Guguletu: All housing in both townships is owned and under the full control of the Western Cape Development Board. Overcrowded conditions exist and additional housing is essential. There are numerous temporary structures in back yards of dwelling units used as aditional accommodation. It has already been found in both Langa and Guguletu that where tenants can afford to do so, they have been permitted to alter their homes so as to improve their living conditions and standards. The Board is busy with a scheme to phase out bachelor quarters in Langa and encouraging married families who are legal residents of the Townships, to alter the former bachelor quarters into family housing units. This scheme is progressing well.

The north barracks complex comprising 35 dormitories in Langa had been phased out and in 1984, but in 1985 renovations were commenced in 15 of these dormitories.
The Khayelitsha housing development scheme has led to people leaving Langa and Guguletu, but this has not alleviated the problem of overcrowding.

Extensions to the Malunga Park complex in Guguletu for more affluent persons continued in 1985 and there were 156 completed units at the year end.

SEWERAGE

The City is sewered on the separate system method i.e. special separate collection systems for sewage and stormwater are used. However, in many areas illegal discharge of rainwater from yards and roofs into the sewerage system occur causing overload conditions at pumping stations and treatment installations during rainy periods.

The North Western area between Woodstock and Bakoven is fully sewered and discharges to sea via two marine outfalls (Camps Bay and Green Point) after maceration. Sea water quality monitoring and complaints from surfers indicated an on-shore pollution problem near the old Green Point outfall and warning notices were erected to the effect that the area is unsuitable for surfing, bathing, etc. Sewerage agreements with other local authorities allow sewarage from Tygerhof, Sanddrift and Rugby to be

treated at the Milnerton works and sewage from Pinelands, Goodwood, Parow, Epping Garden Village and Constantia to be treated at the Council's works.

With the exception of outlying sparsely developed areas the greater part of the municipality is provided with water borne sewerage facilities.

Early warning devices have been installed at the various pump stations to expedite action when there is a breakdown at the stations.

Council on 1973-07-31 adopted the proposals by the Sewerage Branch of the City Engineer's Department for modernisation of the Council's Sewerage Treatment facilities . These proposals included a basic policy to separate, where economically viable, industrial and domestic sewage. Expenditure of some R21 000 000 was authorised to construct an entirely new 150 Ml/d treatment plant at the Cape Flats site south of Zeekoevlei with expansion to 200Ml/d being planned. Modernisation and improvements to the Athlone works are nearly complete. A 25 Ml/d works at Mitchells Plain has been constructed to purify sewerage from the rapidly developing Mitchells Plain area.

The City Engineer's Department is continuing the investigations and testing of the latest technology regarding reclamation of sewage effluent to potable standards. Two pilot reclamation plants have been installed at Athlone and Cape Flats. In line with modern public health theory, the Health Department's attitude to reclaimed sewerage is that in the case of Cape Town such water would be suitable for industrial, horticultural and agricultural use only.

Industrial effluent discharging from all Industrial sites is closely monitored and sites regularly inspected to ensure compliance with the by-laws.

SURFACE SANITATION

REFUSE REMOVAL

With the introduction of levying charges for removal of trade waste from business premises, the onus of monitoring this system to ensure that no health hazards are created, is upon this Department. Notices are served where necessary regarding any unsatisfactory condition.

A suggestion regarding reduction of domestic removals to once per week was again totally opposed in 1985. In this regard previous recommendations made in 1979 that refuse collections from domestic premises continue to be effected at least twice per week were again emphasised. Refuse removals from domestic premises were therefore not reduced and continue to be implemented twice per week from domestic premises.

DOMESTIC REFUSE

The removal of domestic refuse is carried out by the Cleansing Branch of the City Engineer's Department as follows:-

EVERY WEEK DAY: Cape Town central business district: hotels, restaurants, boarding houses and certain flats and business premises in congested areas in all districts.

TWICE WEEKLY: Oranjezicht, Tamboerskloof, Brooklyn, Maitland, Kensington, Observatory, Mowbray, Rosebank, Rondebosch, Upper Newlands, Lower Newlands, Bishopscourt, Upper Claremont, Lower Claremont, Kenilworth, Wynberg, Plumstead, Retreat, Lakeside, Bergvliet, Athlone, Lansdowne, Ottery, Bonteheuwel, Manenberg, Hanover Park, Parkwood Estate, Sanddrift, Thornton, Camps Bay, Sea Point, Green Point, Woodstock and Salt River.

SUNDAYS: On Sundays a special payments removal is effected at hotels, restaurants and boarding houses.

GREEN POINT SEWER

DISPOSAL OF REFUSE

Indiscriminate dumping of trade waste and builders rubble occurred at 28 various sites throughout the municipal area. These sites were monitored by the district health inspectors and controlled with the co-operation of the Assistant City Engineer (Solid Wastes).

Industrial refuse disposal continued at Vissershok and domestic waste was disposed of at Strandfontein and via the Athlone Pulverising Plant at the Swartklip Disposal Site. The new pulverising plant completed at Swartklip in 1984 functioned satisfactorily. During the year the quantity of domestic refuse removed was approximately 200 000 tons and approximately 65 000 tons of trash and industrial waste.

A controlled site for dumping of builders rubble is open for the public, in Baden Powell Drive, Strandfontein.

Langa and Guguletu: Refuse removals were effected on a twice weekly basis by the Western Cape Development Board. Temporary disruptions occurred during the later half of the year as a result of unrest. This led to dumping of refuse on open lands and streets in these areas. Many homes, however, particularly in Guguletu, are not in possession of refuse bins with resulting dumping and non-collection. There has been an improvement in the service of the areas around the single quarters and streets. The dumping of unserviceable motor vehicles generally in the townships also hampers the cleansing work. The Western Cape Development Board is removing and impounding stripped vehicles and those left abandoned. Difficulty in maintaining clean areas in the vicinity of Barracks is further hampered by the activities of illegal traders.

STORMWATER DRAINAGE

The greater part of the Municipality, being built on the slopes at the foot of the mountain, is well sited for drainage but in parts of the Cape Flats natural drainage scarcely exists and in the wet season the groundwater level over a considerable area rises to or very near the surface. Artificial collections have had to be provided in these areas.

The stormwater is conducted in channels and pipes to the main canals and culverts or directly into the sea.

It is the policy of the City Council to concrete line the inverts and banks of the bigger natural watercourses in its area when required to provide increased hydraulic capacity or when warranted by cleaning and maintenance costs.

Continuous urban expansion and higher population densities require a more stringent approach to stormwater collection, especially on the Cape Flats.

PAIL CLOSETS

Regular removals of night soil were effected from all premises requiring such service in unsewered areas. Pail contents are disposed of by discharging into the sewerage system through the intake at the Military Road, Retreat, sewerage works, 60 000 pail clearances were affected. Similarly 1 250 removals were made from O'Brien dry earth closets in the municipal and certain abutting areas.

PUBLIC SANITARY CONVENIENCES

This Department has under its control 55 public sanitary conveniences (chalets) sited at convenient points throughout the municipal area, and which are staffed by 152 permanent attendants on the staff establishment. Due to the economic climate, rationalisation of available manpower and work shifts were effected in 1985. This has led to the closure of certain public conveniences on Sundays and some public holidays, after the necessary surveys were conducted.

CONTROL OF TRADING

Reports on the suitability, from a public health point of view, of a wide range of commercial undertakings are submitted by the Medical Officer of Health before these are registered, licensed or issued with certificates. Various Municipal Bylaws, Provincial Ordinances and Government Regulations govern these matters and control over these trades extends beyond the initial registration through routine visits, particularly to trades such as accommodation establishments, barbers and hairdressers, dealers in used goods, hiring services, kennels, laundries and dry cleaners, offensive trades, health centres, creches and nursery schools, places of entertainment, recreation areas and food retail outlets. The various applications dealt with during 1985 are detailed in Table IV.2 Page 147.

LICENCES ORDINANCE NO. 17 OF 1981

This Ordinance controls the Registration and Licensing of Businesses in respect of 68 scheduled undertakings. Reports on these applications are submitted to the City Administrator by the Medical Officer of Health.

GOVERNMENT REGULATIONS

Control over various establishments which do not require a trading licence in terms of the Provincial Ordinance of 1981 is maintained through their being subject to the submission of suitability reports in terms of several Government Regulations. The following such establishments are registered with the Department.

Mattress Makers and Upholsterers:	14
Offensive Trades:	24
Old Age Homes:	36
Creches and other places of Child Care (including premises licensed in terms of the Provincial Ordinance):	237

In addition suitability reports are submitted to statutory bodies on premises which are also licensed in terms of the Licences Ordinance of 1981 such as the Wheat Control Board, the Livestock and Meat Industries Control Board and the State Tender Board.

Langa and Guguletu: Applications for trade in these areas are detailed in Table IV.3 Page 147.

STABLE PREMISES

The Municipal By-laws, empower the Council to prohibit the use for the keeping of animals, of any stable, cowshed, pigsty, kraal, etc., which in its opinion is 'unfit', undesirable or objectionable by reason of its locality, construction or manner of use. The City Council may also restrict the number or manner of use of such structures and the number or kind of animal to be kept at any such premises. In ten cases animals being kept in unsuitable stables in residential areas were removed and the stable structures closed, in accordance with notices served.

REPORTS FROM THE DIVISIONS

The municipal area is divided into 8 geographical divisions each of which is under the control of a Principal Health Inspector and supporting staff. The divisions are listed in alphabetical order from Division A to H.

DIVISION A.

This high density division comprises the city central business district, Oranjezicht, Tamboerskloof, Schotschekloof and the marine suburbs from Green Point to Bakoven.

The construction of the 106 cottages in the "Bo-Kaap" designed to complement the

environment of this historic area is still progressing steadily, thus assisting towards the general upgrading of the area.

The tidal pools and other recreational bathing areas along the Atlantic coast are monitored to ensure that regular water changes and cleaning operations were effected with a view to maintaining a high standard of hygiene and the improvement of bacteriological quality of the water.

The number of visits to food outlets were increased during the year. This has been a succesful exercise as there was a marked improvement in the general standard of hygiene.

Greenmarket Square has now become an established venue for a "flea market" which is an important tourist attraction. Requests have been received from stall holders to include the sale of non-perishable foodstuffs such as packed and sealed jams, preserves, etc.

Due to the poor economic climate, together with unemployment, the problem of vagrancy has increased, placing a heavy burden on the inspectorate staff.

In liaison with the cleansing branch of the City Engineer's department, night removal of refuse has been introduced at food outlets in the city central area. This arrangement has alleviated scavenging and excessive littering which has led to complaints in the past. The increased frequency of washing down of streets, pavements and lanes in this busy area has improved the general cleanliness of the city.

During the summer holiday period the beaches and amenities along the Atlantic coast were heavily used. Inspections were caried out after normal working hours, to ensure that the public facilities were maintained in a satisfactory condition.

The Green Point Marine outlet is still the source of complaints about the unpleasant odours. There is no public health danger involved. The new pipeline at the said outfall, which is 1.7 km in length and 28 meters below sea level is now in operation. Tenders have been invited for the installation of a scrubbing plant to treat the offensive odours prior to release into the atmosphere.

Several new multi-storied buildings were completed during the year. These buildings comprise office and business premises. The construction of these new buildings enhanced the environment within the division.

DIVISION B.

This division comprises a portion of the central business district, Devil's Peak, Vredehoek, Walmer Estate, Woodstock, Salt River and Observatory.

Poor and inadequate housing and resultant slum conditions in parts of Woodstock and Salt River together with nuisances caused by the vagrancy problem, which has increased during the year under review, remains the biggest environmental health problem encountered in this division. This is reflected by the fact that in addition to numerous notices served by the health inspectors for contravention of council by-laws at properties, no less than 75 notices had to be served in terms of the Health Act, 63 of 1977, to remedy urgent public health nuisances caused by drainage defects, the lack of sufficient sanitary accommodation, the fouling of vacant properties, etc. In 15 instances Private Works Orders had to be issued to other council branches to remedy urgent health nuisances at the expense of the owners who had failed to respond to the notices served on them.

Vacant state-owned properties continued to give rise to many complaints. After lengthy negotiations with various state departments, contractors have finally commenced with the removal of refuse and rubble from Canterbury flats in Zonnebloem. Security fences have been erected to keep unauthorised persons out of the premises and a 24-hour watchman service is now in operation.

Urban renewal is continuing in various suburbs in this division, particularly in Observatory and Woodstock. The re-development of the Zonnebloem area is also progressing well. The conversion of the old Bloemhof flats into luxury apartments has been completed, whilst the construction of two town-house projects is in hand. In addition, the completion of the first stage of the Technicon complex is also nearing completion.

Another source of regular complaints, namely the flower sellers' stands at Trafalgar Place, Cape Town, was also upgraded during the year. Negotiations with various other council departments have resulted in stricter control being exercised by law enforcement officers, improved cleansing, improved drainage and the re-painting of the structures.

To ensure an acceptable standard of hygiene at the large variety of food shops in the division, inspectors have spent a great percentage of their time on inspections at these shops. An evaluation programme, to identify the risk factor of contamination at various types of foodshops, has been introduced. Approximately 43% of all notices served by the staff of this division for the contravention of by-laws and other legislation, were served in respect of foodshops. A total of 15 spot fines and spot summonses were issued to shopkeepers during the year, whilst a large bakery in Woodstock was successfully prosecuted in terms of the Government Food Regulations, R.2795. Another baker in Salt River has discontinued to operate from unsuitable premises during the year.

The Good Hope Centre has served as the venue for various large exhibitions and shows, such as "Design for Living", "Woman's World Fair", "The Boat Show. and the "Health and Beauty Exhibition". During such exhibitions and shows, all the catering facilities, temporary food outlets and public conveniences were checked by the staff of this division. The same applied to the temporary amenities used during the Cape Town Festival.

Close liaison was maintained with the staff of the City Engineer regarding cleansing and sewerage services. Cleansing of streets in the slum areas on a daily basis attributed towards improving the environment in our poorer areas.

During the year the environmental health staff have also monitored the quality of the water at all private, public swimming pools and jaccuzis in this division. Samples of the water from these pools were taken and these generally complied with the prescribed standards.

The most common disease investigated in this division was Viral Hepatitis "A", which could be associated with poor hygiene. Strict supervision had to be exercised over a crechè in Salt River to eliminate the risk of spreading the disease. With the co-operation of the management of this crechè, as well as the parents, the situation was kept under control.

DIVISION C.

This division covers the areas of Maitland, Kensington, Thornton and the northern suburbs of Brooklyn to Sanddrift. It also covers the city's industrial areas of Paarden Eiland, N'Dabeni and Epping Industria.

The urban renewal of the Maitland central area is still in progress and the aesthetic appearance of many buildings has noticeably improved, thereby enhancing the appearance of Maitland.

Various applications for conversions of private dwellings to businesses were received, but several of these applications were opposed in terms of the housing act.

The general improvement of the Kensington area is steadily being assisted by the construction of private new home-ownership dwellings which are still in progress. 235 housing units at Maitland Garden Village were upgraded by being electrically rewired and re-roofed at a cost of R497,500.

The Rygerflats in Kings Road, Brooklyn, consisting of 112 sub economic one-bedroom units for the elderly were completed and opened during April 1985 and to serve the Ysterplaat area, a creché was built in Blaauberg Street which was opened during February 1985.

It is pleasing to know that the very popular Maitland swimming pool, which at present is in need of renovation, is up for complete renovation of the pool amentities and facilities in the coming year. Despite the present condition of this swimming facility, water sample analysis has proved very satisfactory during the year, as was also the case with water samples taken from the Kensington swimming pool.

The annual Cape Show event takes place in this division at the Goodwood Show Grounds. All temporary food outlets and public toilet facilities and venues used for entertainment purposes are monitored on a daily and nightly basis to ensure proper standards of hygiene throughout the duration of the show. No serious public health problems arose and no food poisoning incidents were reported.

Efforts made during the year to continue improving the environment with regards to uncontrolled dumping of debris and refuse on vacant and undeveloped land have resulted in a marked improvement in this area. Close liaison is maintained with the City Engineer's cleansing branch in this regard.

DIVISION D.

This division covers the suburbs of Mowbray, Rosebank, Rondebosch, Claremont, Sybrand Park, Kenilworth and Lansdowne.

Much of the division consists of well established residential and business areas. Nevertheless, 15 environmental problem areas have been identified and are monitored regularly.

The development and urban renewal of Rondebosch East and adjacent areas continued, but at a slower pace, most probably due to the unfavourable economic climate.

This year saw an increasing tendency on the part of commerce to utilise dwelling units for business purposes, especially in the Claremont area. Each application to this end was scrutinised carefully and only in exceptional cases was permission granted.

All crechés, homes for the aged, accommodation establishments and private schools (where boarding facilities are provided), were inspected regularly. The necessary action was taken where any of these premises failed to meet the department's standards.

A number of complaints regarding tainted water supplies were investigated, but were not substantiated by laboratory tests.

The three rivers flowing through the division (Liesbeeck, Kromboom and Black), were monitored on a routine basis, especially as regards fouling by vagrants and by refuse.

Every effort was made to educate the public and especially shop owners, regarding the discharge of offensive waste into the stormwater system, in an attempt to reduce pollution of the rivers.

The sampling of water in public swimming pools and jacuzzi spas (hotels, private schools, sporting clubs), for bacteriological analysis continued and the results were generally good. The bacteriological quality of the water in the Newlands swimming pool was also satisfactory this year.

Due to the nature of the division, much of the environmental health staff's work entails the regular inspection of food outlets. To this end, an ongoing process of education is carried out. Recalcitrant shopkeepers were dealt with appropriately.

Regular monitoring of business premises, streets, subways and bus termini was carried out with regard to the collection, storage and removal of refuse. Problems experienced were of a minor nature and were resolved with the assistance of the cleansing branch, or the serving of a notice on the offender.

Finally, vagrancy, which has increased, continues to be a problem, especially in the commercial areas and along river banks. Close liaison with the City Engineer's cleansing branch is maintained to ensure that these areas are serviced regularly. The proposal to establish night shelters may help to alleviate the problem.

DIVISION E.

This division covers the suburbs from Wynberg to Clovelly, including several large council housing schemes situated in Retreat, Steenberg, Lavender Hill and Parkwood.

Every effort was made during 1985 to continue improving the quality of the environment in this division. In order to achieve our objectives a total of 351 notices, in terms of council by-laws and regulations in terms of the Health Act, were served on owners of vacant land, dwellings, businnesses, etc. Liaison with other council departments also proved be of great help in this regard.

In addition to providing a safe and healthy environment, great emphasis was placed on recreational facilities in the division and especially on the False Bay coast. Regular sampling of all public swimming pools, tidal pools and inland waters were carried out to determine the bacteriological quality of the waters.

Vagrancy in the mountainous areas between Lakeside and Clovelly and the area of Marina da Gama continues to be a problem. Numerous vacant plots are, therefore, being cleared of bush to remedy fouling and other nuisances caused by vagrants.

Complaints are frequently received of areas at sea near the Muizenberg beach giving the appearance of sewage being discharged into the sea. Investigations, however, have revealed this to be a natural phenomenon caused by the uprooting and destruction of kelp by heavy seas, producing brown coloured areas of some hundreds of metres in diameter. These conditions were proved to be of no public health significance.

A large number of pigeons made their home on the buildings along the Muizenberg beachfront and the disused Empire Cinema was found to be a breeding place for them. Hundreds of fledgelings were trapped inside and subsequently died. These carcasses, together with a large accumulation of bird droppings caused an obvious health hazard. This condition was obviated by having the said carcasses and droppings removed and the entire building barricaded.

The St James Hotel has now been renovated and restored to its former glory and should be a contributing factor in reviving this premier holiday resort.

A start was made during the year with Pelican Park, an Indian housing scheme. It is proposed to construct 200 sub-economic houses and to make available 140 serviced erven.

The Sea Winds housing scheme was also completed during 1985 and approximately three quarters of the more than 500 houses were occupied at at the end of the year.

The abovementioned housing schemes should alleviate the acute housing shortage to a certain extent.

The Wynberg commercial district remains a prime shopping area and continual upgrading of business premises is evident. 1985 saw the conversion of the old Royal Hotel in Station Road into a dance school and various shops. A further notable example is Woolworths department store which underwent a complete facelift.

The Community Chest and Schools Carnivals continue to attract large crowds to Maynardville, as does the Open Air Theatre. All of these are monitored regularly, with special attention being paid to food handling at these gatherings.

DIVISION F.

This division comprises the central Athlone area and includes the areas of Lansdowne, Crawford, Bokmakierie, Kewtown, Honeyside, Hazendal and Langa.

The area is predominantly residential in nature and has situated within its boundaries seven of the City Council owned housing schemes. There are commercial complexes in the central Athlone business district and Rylands Estate and industrial areas in Lansdowne, Philippi and Athlone Industria.

Smells from the Athlone sewerage works are a cause of complaint from residents living nearby. The works have been upgraded, which the City Engineer maintains should reduce problems and almost eliminate the smells.

There are four sewerage pump stations situated in this division which are inspected monthly. No problems were experienced during the year.

Various rivers and canals run through this division, i.e. Big Lotus River, Blomvlei, Vygekraal, etc., which are regularly inspected to ensure that they are free flowing and that there is no pollution by overflowing sewers. Problems encountered with dredging and cleaning of the Big Lotus river canal were adequately sorted out with the Cape Divisional Council in whose area the canal partly flows.

The refuse pulverising plant along Settlers' Way and the old composting plant at Bridgetown where bagging takes place, functions satisfactorily from an environmental health point of view.

The division provides environmental health services in Langa and, with the co-operation of the Western Cape Development Board and employers organizations, various areas have been upgraded. Further significant progress has been retarded as a result of the unrest situation.

Refuse removal services are provided by the Western Cape Development Board with their own dumping sites in Guguletu. However, provision of essential services, particularly refuse removals and sewerage, was constantly hampered by unrest and only with the co-operation and assistance of the S.A.D.F. could staggered services be provided at times.

A new swimming bath has been commissioned in Hanover Park, but the single swimming bath in Langa remains closed. Regular sampling of water takes place and todate overall results have been satisfactory.

The chronic housing shortage has been somewhat relieved with units being built in Mountview, Newfields and Rylands Extension.

DIVISION G.

This division comprises the areas of Manenberg, Sherwood Park, Primrose Park, Surrey Estate, Athlone Industria II, Greenhaven, Welcome Estate, Heideveld, Vanguard Estate, Netreg, Bonteheuwel, Valhalla Park, Charlesville, Kalksteenfontein, Montana, Montevideo and Guguletu.

In common with other areas the division has had a good share of unrest problems. The outcome has been a closer co-operation between the various disciplines in the public health field.

During July excessive flooding was experienced in Silverstream Road, as well as Kathleen and Erica Courts, Manenberg. Liaison with other council departments resulted in both problem areas being drained and the ground consolidated.

The division includes the township of Guguletu and whilst overcrowding is a large problem which normally gives rise to surface sanitation problems the inspectors for this area secured the excellent co-operation of the Administration Board officials to

keep this problem to a minimum. The lessees of the various dormitories, in most instances, have been very co-operative in the upgrading program initiated by the health inspectors.

A major improvement in Guguletu was the installation of larger sewers, due to pressure from this department. Before this installation, there were regular blockages resulting in overflows into the Big Lotus River canal, which in turn, flowed into Zeekoevlei.

The concept of "bath houses" has been introduced in Manenberg with the completion of one in 1985. This enables the people in this area (male and female) to enjoy a hot bath or shower at a nominal fee.

The health inspectors in this division also assisted the Community Health nurses at the various clinics with the distribution of food parcels to families in their areas, in the fight against malnutrition and tuberculosis.

DIVISION H.

This division comprises the suburbs of Beacon Valley, Eastridge, Lentegeur, Portland, Rocklands, Strandfontein, Tafelsig, Westridge and Woodlands.

Problems of offensive odours occured at the sewage purification plant during March when there was a breakdown. This was, however, rectified expeditiously.

The civil unrest during the year placed a burden on the personnel in this division which resulted in a general decrease in the work output.

Only one structural defect occured at the Strandfontein tidal pool during winter when one of the three valves became defective. In spite of this malfunction the remaining two valves coped with the necessary draining of the pool during cleansing operations. This defect was remedied during October, long before the start of the festive period holidays.

The new fun pool complex at Mnandi beach was officially opened by the Administrator of the Cape on 1985-12-11. This amenity is an improvement on the old toddlers' pool which was responsible for unsatisfactory bacteriological sample results.

Because of very high bacteriological counts in the stormwater canal which flows into the sea west of Mnandi and the stormwater outlet at Wolfgat, east of Mnandi, the City Engineer's department was requested to provide and erect warning signs prohibiting the usage of the water for drinking or swimming purposes. These signs were erected on 1985-12-05.

In addition to the routine swimming pool samples taken by the City Engineer's department, a total of 14 samples were taken by this division from swimming amenities belonging to council and private recreation areas.

1985 saw the opening of the first residential hotel in Mitchells Plain. This new complex is situated in the town centre at Eastridge. Development continues at the town centre. Another first for Mitchells Plain is a private hospital complex - building operations commenced during the year under review. This private hospital is also situated in the town centre.

A further three shopping blocks were also completed at the town centre during the year and during 1985 we also saw the opening of three shopping centres, viz, Beacon Valley, Eastridge and Lentegeur.

Construction of a day hospital and community health centre at Eastridge commenced during the year.

During the year building work commenced in the new light industrial area which is situated north of the town centre.

A total of 207 notices were served during the year, resulting in 12 summonses being issued for various contraventions of municipal by-laws. Most of the summonses were served on food premises.

The refuse pulverising plant and refuse depositing site at Swartklip, as well as the rubble refuse depositing site on Baden Powell Drive were regularly inspected so as to prevent the occurance of nuisances. There are five sewage pump stations and two sewage lift pumps situated in this division which are inspected fortnightly. No problems were experienced during the year. No problems were experienced as regards refuse removal and street cleansing during 1985.

In view of the proposed relaxation of certain provisions of the town planning scheme to permit small business development in residential areas, it is felt that this could be successfully implemented in Mitchells Plain, particularly in view of rising unemployment and the fact that small business activities are already occurring from residential units in the area without the creation of public health hazards or nuisances.

FOOD CONTROL

(a) MEAT CONTROL - ABATTOIR

The Municipal Abattoir, situated in Maitland, is a branch of the City Administrators Department. The Director and Assistant Director are veterinarians. There are three additional posts for veterinary officers who have to carry out the duties of veterinary meat inspectors and other veterinary duties. Posts exist for forty health inspectors who are employed on meat inspection and other hygiene duties. A qualified microbiologist working in a well equipped laboratory is responsible for the checking of hygienic control of slaughter procedures and equipment, as well as diagnostic work.

At present the maximum daily slaughter throughput is 850 cattle, 150 calves, 5 000 sheep and goats and 700 pigs. In addition some horses are killed. With the exception of pigs and horses all slaughter stock are killed and dressed on mechanical conveyor systems. During the period September to December 1985 inclusive, both sheep slaughterlines were operated simultaneously with a slight decrease in the speed allowing a slaughter of 7 500 sheep per day. For this, the meat inspectorate was increased from 32 to 40 and 3 health inspectors from the Environmental Health branch were seconded to the abattoir for a period of 6 weeks.

This concession by the Chief Meat Hygiene Officer was for a restricted period and if this increased slaughter is contemplated on a permanent basis, major alterations to the abattoir will have to be made.

During 1985 the following animals were slaughtered (figures in parenthesis are for 1984).

Cattle	175 386	(180 123)
Calves	17 074	(25 496)
Sheep and goats	1 371 039	(1 267 928)
Pigs	174 280	(171 742)
Horses, mules and donkeys	443	(456)

(b) FRESH PRODUCE MARKET

The wholesale and early morning market at Epping was designed specifically to meet the particular needs of Cape Town. The main hall is believed to be the biggest structure of its kind in Southern Africa. A fulltime health inspector from the Food Hygiene division is responsible for the checking and control of all foodstuffs passing through this market. The following foodstuffs were condemned as unfit for human consumption by the market health inspector during the year:

FRUIT	WEIGHT (kg)	VEGETABLES	WEIGHT (kg)
Pome	1 688	Bulbs	57 625
Drupe	24 419	Flowers	10 367
Citrus	53 785	Leaves and stems	79 205
Vine	5 989	Roots	7 974
Miscellaneous	2 720	Seed fruits	296 386
Tubers	137 081	Other foodstuffs	4 650

Sixty-nine random samples of fruit and vegetables were submitted to the State Chemical and Pathology Laboratories for examination for possible contamination by pesticides and fungicides in excess of the amount permitted and for the presence of parasites. Where sample results proved unsatisfactory, the necessary action was taken.

(c) FOOD HYGIENE DIVISION

This division covers the entire Municipal area and is divided into five districts. Health Inspectors monitor and inspect within each district food manufacturing premises which includes bakeries, confectioneries, millers, soft drink factories and meat manufacturing premises.

Other duties include:-

(i) the sampling of foodstuffs and other commodities in terms of the Foodstuffs, Cosmetics and Disinfectants Act 1972;

(ii) sampling of foodstuffs for histological examination;

(iii) the visiting of food factories and retail outlets for the purpose of inspection and sampling of foodstuffs and taking swabs for bacteriological examinations;

(iv) inspection of food delivery vehicles and registration of meat delivery vehicles;

(v) regular sampling of the reticulated municipal water supply;

(vi) regular sampling of water supplies in high rising buildings and to recreational areas such as Silvermine.

(vii) the investigation of food relating complaints.

Government Notice R2121 dated 21 September 1979 authorised this local authority to enforce all the provisions of the Foodstuffs, Cosmetics and Disinfectants Act 1972.

Not only is sampling done of various foods, but the division also deals with the administration of regulations regarding labelling and advertising, pesticidal residues, colourants, etc. and contravention of these regulations.

The year has seen the closure of some food firms and the removal of others to different premises. This was necessitated by the premises being inadequate or unsuitable to cope with the expanding trade and therefore unable to meet the health standards required.

FOOD SAMPLING

In terms of Section 23 of the Foodstuffs, Cosmetics and Disinfectants Act 1972, this municipality is authorised to submit samples of foodstuffs, cosmetics and disinfectants to the State Chemical Laboratories for examination. 752 samples were taken up to December 1985. 11,6% of the samples analysed did not comply with the regulations and fines totalling R3 080 were imposed. (Table IV.6 Page 148).

BACTERIOLOGICAL EXAMINATION

During the year 296 specimens of food and 234 swabs were submitted for bacteriological examination to the State Health Laboratory. The food specimens included such items as minced meat products, chicken, samoosas, processed meat products, cooked food sold as curries, breedies and fish as well as raw salads. Swabs taken from various surfaces in the food handling areas such as cutters, blades, utensils, etc., as well as swabs from the hands of food handlers, were examined bacteriologically for the major food poisoning organisms. Five specimens of food and five swabs are routinely examined each week. The district health inspector is involved in selecting food shops where sampling is required and depending on results, in-shop education in hygienic food handling techniques is given. Bacteriological examination helps to pin point areas of high risk. This service is also used in investigation of food poisoning incidents. A close co-operation continues to be enjoyed with the State Health Laboratories.

(d) FOOD RETAIL OUTLETS

The inspection of food retail outlets has remained the responsibility of the District Inspector covering his specific area. The main reason for the inspections are routine visits, amendments re licence applications and complaints.

Since the establishment of the Food Hygiene Division the District Inspector has had more time to carry out in-depth inspections of food retail outlets. To obtain uniformity of inspections, a comprehensive check list is used for each type of premises.

1985 has seen the emergence of mobile vehicles from which specific preparation of food takes place. These sell items such as baked potatoes and different concepts in hot dogs. Whilst these vehicles have scaled down to a hand-manoeuverable mobile food outlet, the spirit of Regulation R2795 has been met in each case.

Sites have been allocated by the Council in the central city area for the more aesthetically acceptable mobile food vendors. Some 2 400 applications for trading licences in respect of food outlets were dealt with by district inspectors during the course of the year. (Table IV.2 Page 147).

(e) CONDEMNATION OF FOODSTUFFS

Certificates were issued at 736 premises for condemned foodstuffs . Such food, being unfit for human consumption was condemned in terms of Government Regulations (R963 of 1966-06-24 as amended by R2127 of 1974-11-22). The main reasons for the unsound food were refrigeration failure, incorrect stock control and rotation.

(f) FOOD POISONING

During the year eight cases of food poisoning involving 117 people were investigated. These were all mild cases. The services of both the State Health Laboratory at Orange Street and the Chemical Laboratory at Portswood Road are used when necessary for the investigation of food poisoning incidents.

(g) WATER SUPPLIES

The following are the main sources of supply: Voelvlei Dam (164 095 megalitres) Wemmershoek Dam (58 633 megalitres), Steenbras Dam (68 488 megalitres), Theewaterskloof Dam (480 190 megalitres), 5 Reservoirs on Table Mountain (2 375 megalitres).

During 1985 the daily consumption varied between a maximum of 937 megalitres during the summer and a minimum of 270 megalitres during the winter. The average daily consumption during the year was 517 megalitres.

Samples of water are taken fortnightly at thirty-three different test points within the water reticulation system of the municipal area. These samples are submitted to the State Pathological Laboratory for bacteriological report, and serve as a double check on the sampling carried out by the Scientific Service Branch of the City Engineer's Department.

Eighteen other dependant local authorities obtain their supplies of water from the Cape Town undertaking.

CAPE FLATS PILOT WATER RECLAMATION SCHEME:

I concur with opinions expressed by some of the most eminent writers in the field of public health - "reclamation for potable purposes is not recommended, as sound drinking water requires that preference should be given to the purest source. Treatment and monitoring technology are not adequate to assure safety when waste waters are to be used directly for potable purposes"(1).

Langa and Guguletu: Purified piped water is supplied to both Langa and Guguletu by the Cape Town City Council.

REPORTS FROM THE SECTIONS

PLANS SCRUTINY

Two members of the Environmental Health branch staff, a senior health inspector, assisted by a Health Inspector, are seconded to the Building Survey Branch of the City Engineer's Department.

The National Building Regulations under Government Notice R441 dated 1985-03-01 came into operation 1985-09-01.

As with any new legislation and especially one as detailed and full of specifications as this Act, the interpretation of many areas has produced many pitfalls and clarity is required to various sections. However, the unification of many separate pieces of legislation, whether State Provincial or on a local authority level, will lead to uniform standards being applied by both implementing authorities and the various disciplines and public and is to be welcomed.

This section's involvement in the above Act, the Health Act 1977 (Act 63 of 1977) and local by-laws is to ensure that plans submitted for scrutiny comply with all areas associated with health as regards lighting, ventilation, sanitary accommodation, ceiling heights, drainage etc.

Inspections of sites and buildings are carried out to determine compliance with the health requirements, before and on completion of work detailed in approved plans.

Other responsibilities include the examination of new building materials and fittings and reporting on their suitability; assisting and advising the professions and members of the public on health requirements concerning building matters and acting as liaison between this department and the Building Survey Branch.

Statistics for the year 1985:

Building plans submitted for examination -	3 605
Site inspections in connection thereto -	998

1) Public Health & Preventive Medicine, Last, J.M. (Editor) Maxcy Rosenau, New York, 11th Edition, 1980.

PEST CONTROL

The Department provides a free rodent and mosquito control service to the public. Free advice is also given to the public regarding insecticides, methods of control and relevant safety precautions applicable to eradiction of pests and vermin other than rats and mosquitoes.

The staff establishment at the Pest Control Centre, comprises 2 Senior Health Inspectors, 1 Driver, 1 Clerk, 23 Pest Control Operatives and 1 attendant-cleaner.

A close liaison is maintained between the Pest Control Section and the Entomological Department of the SA Museum when identification of insect pests is required. There is also good co-operation between private Pest Control firms and the Department regarding Pest Control in general.

For the year under review the Pest Control Section carried out disinfestation of many Council owned premises of pests such as fleas, cockroaches, bed bugs and lice.

In order to provide a more efficient service there has been a continuation of block baiting in street storm water catchpits within certain city blocks. This also proved to be very successful.

The rodent control work conducted during 1984 is detailed in Table IV.7 Page 149.

The following amounts of Rodenticides, Larvicides and Insecticides were used for the year under review:-

Rodent bait:	8,959 kg made up of	4,850 kg mealie meal 600 kg Rinoxin and 510 kg Finale 2,889 kg fish and water 110 kg Rinoxin pellets
Mice bait:	13 kg made up of	12 kg wheat 1 kg sugar 125 gr strychnine
Cyanogas (rats):	12 kg	
Larvicides (mosquitoes):	2,567 litres made up of	900 litres diesel 1,640 litres paraffin 27 litres Filariol
Insecticides:	100 litres made up of	40 litres Baygon concentrate 60 litres Neopybruthrin 100 g Bathroid 'H'

HYDROGEN CYANIDE FUMIGATION

Under the Hydrogen Cyanide Fumigation Regulations (Government Notice Nos 804 of 1943-04-30; and 605 of 1945-04-13), no person may undertake the fumigation of any 'building or premises' with hydrogen cyanide unless he has obtained a certificate of competence from the State Health Service or a "First Schedule" local authority. Certificates granted by local authorities are subject to confirmation and countersignature by the Director General, State Health and Welfare. A certificate may not be issued unless the candidate has worked for six months under a certified fumigator.

In August 1943, the Medical Officer of Health, Cape Town, was requested and authorised by the Director General to undertake the examination and certification (subject to the prescribed confirmation), of candidates from areas outside Cape Town not under 'First Schedule' authorities.

LAW ENFORCEMENT

This section is staffed by one Senior Health Inspector and one Health Inspector.

All documents are processed for legal action in terms of the Criminal Procedure Act, 1977, (Act 510/1977)

The aforementioned procedures relate to offences committed in terms of the Health Act 63 of 1977, the Foodstuffs, Drugs and Disinfectants Act 54 of 1972 and other offences in terms of the Council's by laws administered by this department.

Notices in terms of section 27 of the Health Act 63 of 1977 are processed and followed up.

This section of the Act make provision that in the event of non-compliance of a notice served in terms of the Act, the Council may take all such steps as are necessary to remedy the condition described in the notice.

Notices are served in terms of By-law 1982 relating to overgrown vacant land which are liable to afford harbourage to undesirables and thus pose a danger to the health and safety of the public. In the event of non compliance the council take such steps to have the land cleared.

All notices served by the Environmental Health Inspectorate staff are perused by this section.

All new legislation is discussed with the Deputy Medical Officer of Health (P), the Director (Environmental Health) and the Assistants Directors(Environmental Health). Any comments regarding such legislation is submitted to the relevant legislators.

This section also liaises closely with the City Administrators legal advisors regarding potentially contentious court cases and other legal matters.

Further functions of this section are,

(1) arranging for all new Environmental Health Inspectorate staff to quality as law enforcement officers,

(2) registering summonses at municipal court offices at the Magistrates Courts in Wynberg and Cape Town and at the Magistrates Courts in Muizenberg and Goodwood,

(3) serving summons on accused, as well as warning letters to offenders in terms of the Foodstuffs, Cosmetics and Disinfectants Act.

During the year under review 69 law enforcement officers issued:

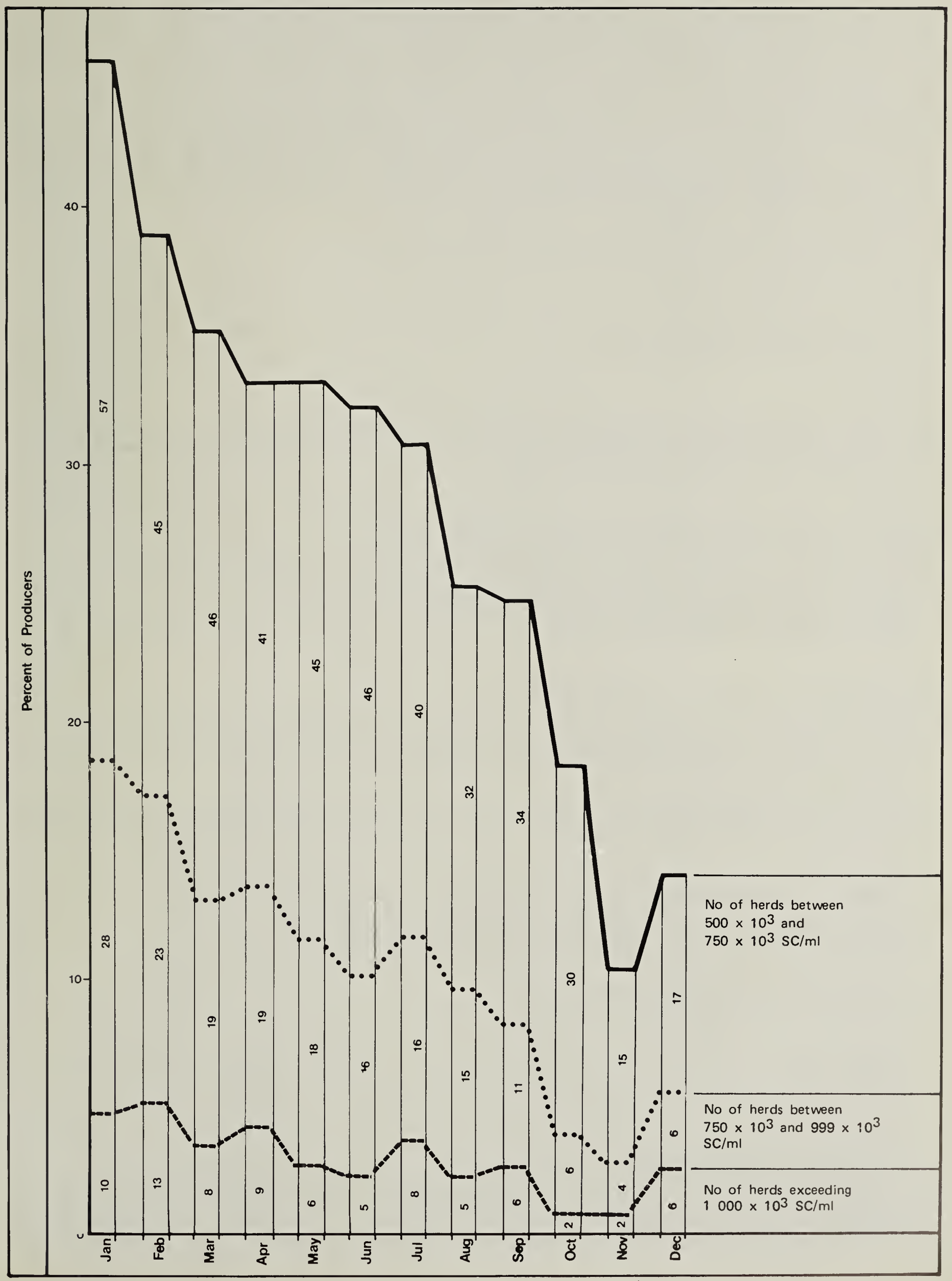
55 Section 341 compounding tickets

72 Section 56 instant summonses

41 Conventional summonses in terms of the Criminal Procedure Act, 1977.

The details of the makeup of the various offences are listed in Table IV.8 Page 150, Magistrates Court cases.

SOMATIC CELL COUNTS – WEIGHTED MONTHLY HERD AVERAGES
(SOURCE: ELSENBURG – DAIRY SCIENCES RESEARCH INSTITUTE)



MILK CONTROL BRANCH

MILK SUPPLIES AND RELATED PRODUCTS
RAW MILK SUPPLIES

The city is supplied by 208 dairy farms situated mainly in the Sandveld and north of Cape Town; in the magisterial districts of Piketburg, Clanwilliam, Ceres, Vredenberg, Hopefield, Tulbagh, Malmesbury, Bellville, Paarl, Stellenbosch, Worcester, Wellington, Cape, Wynberg, Somerset West, Strand, Caledon, Hermanus and Riviersonderend.

All producers supplying the city make use of refrigerated bulk tanks where the temperature is brought to a maximum of 5°C, before being transported by insulated tankers to the pasteurising plants, where it is delivered at a temperature not exceeding 7°C. About 25 of these tankers deliver up to 360 000 litres per day to two pasteurising plants with an average of 11 000 litres per load.

Bulk collections are on a daily or alternate day basis.

TESTING MILK PRODUCTS

INSPECTION AND LABORATORY CONTROL

RAW MILK

Raw Milk samples are regularly collected by the two farm inspectors during inspection visits to the farms, and the following work was carried out during the year; averaging at least one visit per farm per month.

Secondary inspection visits are carried out regularly by the Senior Veterinary Officer to farms experiencing problems as required.

Total number of dairy farm inspections	2 572
Number of farms where structural improvements and renovations were carried out	59

Investigations on farms in connection with:-

Unsatisfactory bacteriological quality of milk	162
Incidence of mastitis	132
Incidence of inhibitory substances	14 - 0,75% of total sample
Number of samples brought to the laboratory for analysis	1 852

The test method used for inhibitory substances is the modified IDF Disc Test using B. stearothermophilus Var. calidolactis as the test organism.

The following tests were carried out:

Plate Count	1 810
Resazurin	1 832
Eijkmann Test	1 838
Laboratory pasteurisation	113
Spores	1 700
Mastitis cell counts (DMC)	1 849

Inhibitory substances	1 851
Staphylococcus aureus 0,1 ml	1 826

To test the efficacy of road tanker cleansing operations, tanker swabs and rinsing water samples were taken from time to time, and remedial action taken where necessary.

PASTEURISED MILK

Raw milk is delivered to three pasteurising plants licenced to process milk and cream and various milk products. Samples were obtained every week day and the following tests were carried out:

	Pasteurised Milk	Milk Products etc.
Plate Count	1 921	2 350
Eijkmann Test	1 930	2 884
Presumptive Coliform	1 930	2 792
Phosphatase Test	1 947	393
Staphylococcus aureus		229

The milk products include ice cream, skim milk for school feeding schemes, flavoured skim milk, pasteurised cream, artificial cream, yoghurt, cultured butter milk, and both soft and hard cheeses.

ANIMAL DISEASES

It is a pre-requisite that all producers are members of the State Controlled Tuberculosis Accreditation Scheme and are duly accredited by the Department of Veterinary Services. During the year under review, no other scheduled diseases were reported in the milk shed. Close liaison with the Department of Veterinary Services (Animal Health) is maintained.

MASTITIS

All producers are encouraged to participate in the official mastitis eradication scheme and close liaison is being maintained with the Dairy Sciences research unit at Elsenburg.

There has been a steady decrease in the incidence of mastitis during the past year and the following results have been achieved:-

Cell count range X 10^3	% 1982	% 1984	% 1984	% 1985
0 - 499	40	64	59	71
500 - 749	22	18	20	18
750 - 999	13	7	9	7
1 000 and over	25	11	12	3

VI TESTS

In an efforts to detect symptom-free carriers of Salmonella typhi associated with sporadic cases of typhoid fever, blood specimens of the workers in the dairy and ice-cream trades are submitted to the Government Laboratory for the Vi Agglutination Reaction test. During 1985, a total of 542 such specimens were obtained from these

workers and examined for the presence of Salmonella typhi. Eighteen were found to be positive. These workers were removed from food handling and stool and urine samples taken on three successive weeks. All were found to be negative.

In addition to the blood specimens of workers, Moore's swabs were regularly taken from the drains at the three pasteurising plants and examined for the presence of S. typhi; with negative results in 1985.

The Senior Health Inspector seconded to the Meat Control section of this Branch, and under the supervision of the Senior Veterinary officer, was responsible for the various soft serve outlets in the City.

He made 520 visits to the 80 outlets from which 521 samples were taken for analysis by this laboratory.

MEAT PROCESSING AND ALLIED INDUSTRIES

The Senior Veterinary Officer has twenty-eight factories and plants under his control. Eighteen of these plants are producers of processed meat products. These were visited regularly during the year and swabs, specimens and agar impressions were taken routinely.

Number of visits to factories -	416
Number of swabs and specimens taken -	656
Number of agar impressions -	3 160

The latter were taken to monitor the cleanliness of production, and the analysis of swabs and specimens was done by the State Health Laboratory in Orange Street, with special emphasis laid on detection of pathogens, especially those capable of causing food poisoning.

Where a problem was encountered, follow up action was taken, which involved the remedy of the problem and where necessary, Health Education lectures.

GENERAL

With escalating feed and labour costs, the profitability of dairy farming has been reduced, and, although this has affected the bona fide dairyman, it has had the advantage of gradually forcing the ineffectual producer into other less demanding farming activities. The speculative type of farmer, relying on sale yard bargain cows and the producer who cannot devote time to supervision, records and attention to his herd are gradually having to leave the industry. Hardest hit are those mega-producers who have to rely on feed purchased; least hard hit are the smaller producers who are able to graze their herds and give the required attention to management and supervision.

In addition, the tightening of the regulations regarding milk standards promulgated in February under the Foodstuffs, Cosmetics and Disinfectants Act 1972 (Act 54 of 1972), as well as amendments to our own by-laws regarding Dairies and the Keeping of Animals 1967 in November, have made easier the control of mastitis in herds supplying fresh milk.

The latter amendments were aimed at bringing the municipal and state standards into line and also to ensure continued and effective control by this department of not only the quality of milk supplied, but also the general standards of hygiene in the stable, and in production methods.

These amendments further enable the department to ensure maintainance of the cold chain from producer to retail outlet.

The tendency seems to be towards smaller, better managed herds relying more on natural or artificial pastures, the latter leading naturally to a lower incidence of udder disease.

Another factor tending to reduce the predisposition of herds to high somatic cell counts is an increasing trend to twice daily milking from three times a day milking. Here labour preference is having the desired effect.

Fifty-nine farmers have applied for registration as fresh milk producers for the coming year, some as far afield as Humansdorp area. These intending producers will have to be evaluated before February 1986.

AIR POLLUTION

After years of investigation and preparation the Afrikaans text of the Atmospheric Pollution Prevention Act No 45 of 1965 was signed by the State President on 17 April 1965.

Three years later, on 19 July 1968, the municipal area of Cape Town was declared a Smoke Control area in terms of Part III of the Act.

Power to administer the Act was vested in the Medical Officer of Health which led to the appointment of the Air Pollution Control Officer in September 1969.

Now two decades have elapsed and it is time to take stock and assess the capability of the current legislation and organization to control the problems of the next twenty years.

The Act is based on the principle of the Best Practicable Means and enforcement, using this principle, has served the country and Cape Town in particular, very well.

The priorities in the early days were smoke and sulphur dioxide. It has been reported, after an initial set-back with Table Bay Power Station, that these pollution levels have dropped steadily over the years and have now reached the stage where further dramatic improvement is unlikely (see graphs). It is, however, necessary that the strict supervision over the use of fuels is maintained.

As these pollutants were diminishing and measurement became more sophisticated new problems were observed. This led to the opinion that there were severe shortcomings in the legislation and this branch has, on several occasions, aired this view.

Cosmetic changes have been made to the Act over the years and towards the end of 1985 the Minister's Advisory Council enquired whether further changes were necessary.

This department replied, through the Town Clerk, at length on the subject pointing out the change in emphasis from smoke and sulphur dioxide to such complex problems as photo-chemical smog, acid deposition, lead-in-air, chemical emissions, radio activity, dust from industry and odours.

The present legislation does not provide for, or is woefully inadequate in, control of these problems.

Diesel vehicle emissions control, as an example, has been under review for several years without finality being reached.

Dust control has made some progress in that Cape Town has been declared a dust-controlled area on 23 March 1984. The necessary powers were given to the State's Chief Air Pollution Control Officer on 30 August 1985. He may in turn, delegate the power to act in terms of Part IV to officers within a local authority. Nominations have been sent some time ago but authority is still awaited.

The draft bill on Noise Abatement was gazetted early in 1985. It was welcomed by all local authorities concerned about the degradation of their environment by the

increase in background noise. Regrettably, nothing has materialised in this direction either and Council's own proposed by-law for noise control, submitted more than three years ago, has presumably been shelved pending the new Act.

These two pieces of legislation and the proposals for regionalization are eagerly awaited so that plans and action may be evolved for future environmental protection.

GENERAL WORK DONE

The tables of work done are presented on pages 150 to 152 (Tables IV.9, 10 and 11).

It was not found necessary to refer any cases to the public prosecutor.

CAPE TOWN METROPLITAN AIR POLLUTION CO-ORDINATING COMMITTEE

The Medical Officer of Health remains as Chairman of this body.

The unifying effect of the work of this committee on air pollution control and research in this area is acknowleged.

In fact, depending on the boundaries of the new region, air pollition control is already regionalized since most local authorities contributed to the establishment of the committee.

With the loan of a monitoring caravan from State Health Air Pollution Control there are now three sophisticated measurement and data-handling stations in the area providing valuable information.

CONFERENCES, SEMINARS AND MEETINGS

Members of staff of the Air Pollution Control branch were involved in delivering papers at seminars and workshops or giving lecturers to educational institutions, nurses, doctors and health inspectors. These could be summed up as follows:-

SEMINARS	DELEGATES	INVOLVEMENT
Air pollution workshop for Health Officers	62	2 papers presented
Air pollution seminar for school teachers	50	2 papers presented
Air pollution seminar for school pupils	53	1 paper presented
Industrial Air Pollution Workshop	51	1 paper presented
Health Congress	400	Session advisor

In addition lectures were given to:-

LECTURES	STUDENTS
teachers	45
pupils	33
nurses	90
health inspectors	43
doctors	26
Chamber of Commerce	30 members

PRACTICAL TRAINING

Practical illustration of fuel-burning-appliances, air pollution control equipment and the air pollution monitoring network were given to 30 health inspector students and 16 nursing students.

Industrial hygiene aspects were demonstrated in factories to five third-year health inspector students.

THE NATIONAL ASSOCIATION FOR CLEAN AIR

The Air Pollution Control Officer attended the National Association for Clean Air annual symposium, the National Council meeting and the National Association for Clean Air annual general meeting where he presented the Western Cape Branch Chairman's Report.

COUNCIL FOR INDUSTRIAL AND SCIENTIFIC RESEARCH (C S I R)

The Air Pollution Control Officer was nominated to serve on the steering committee of the C S I R for research into atmospheric science. The first meeting was held in November and the programme was agreed for the next twelve months.

KOEBERG NUCLEAR POWER STATION

Both reactors were on full power towards the end of the year and no change was noted on any of the radiation monitors situated in the municipal area. The Robben Island monitor was installed and early operation suggests that it will function as designed and is a necessary addition to the emergency awareness equipment in the event of off-site problems at Koeberg.

Involvement by air pollution staff in Escom's environmental monitoring and routine discharges to air and water accounting system proved to be both useful and reassuring in that the Koeberg plant remains within the permissible discharges laid down by the Atomic Energy Corporation.

EMERGENCY PLANNING:

It has always been the objective of the City Health Department that in the hopefully very unlikely event of a major release of radio active gases and/or particulates, following an accident at Koeberg, that the City of Cape Town have a viable and adequate plan. Danger would arise if such releases were carried by the prevailing winds towards the city itself. Meteorological studies have indicated that such prevailing winds occur for about 15% of the time during the year.

A number of emergency exercises have taken place since Koeberg came on-stream. The scenario for these exercises are laid down by the Atomic Energy Corporation. It follows, of course, that in such exercises the winds can conveniently be made to behave as desired. In no excercise todate has the Civil Defence Organisation in Cape Town been called upon to demonstrate its ability to cope with an emergency reaching the city. The reason usually given is that the 28 kms (the distance between Koeberg and the centre of Cape Town) will alow dispersion of the radio-active cloud. Based on the 1977/78 radio-active releases study, our own photographic evidence, and on specific advice from nuclear regulatory authorities in both the United States and Europe, this Department has maintained that such an assumption is far too risky.

With the above in mind the Koeberg emergency exercise held on 1985-11-27 was of particular interest. It bears closer scrutiny.

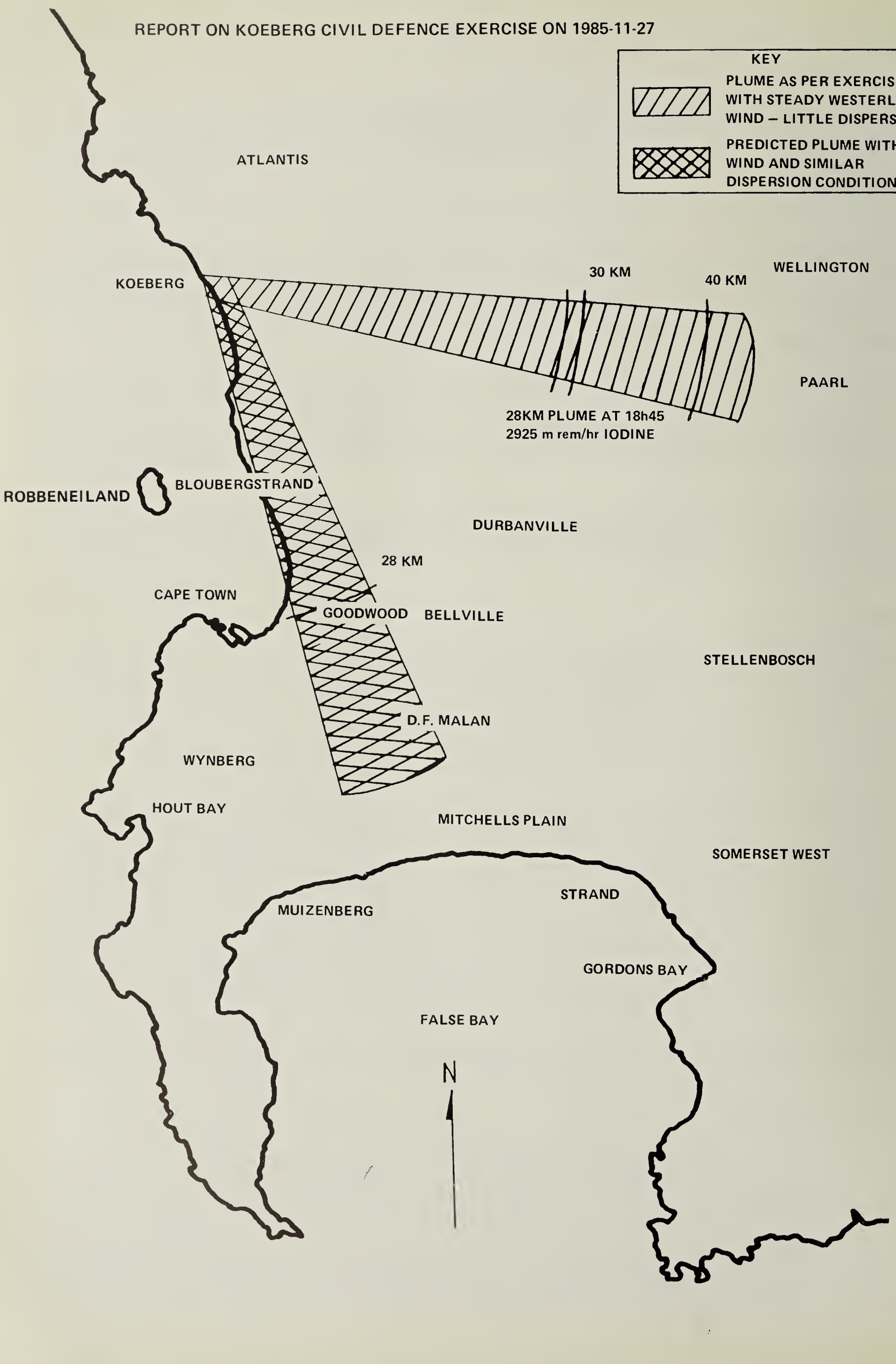
Exercise on 1985-11-27:

The exercise sceanario was determined by the Atomic Energy Corporation.

In this instance it was obviously designed to test the capability of Escom's measurement in the field to:

(a) determine the exact boundaries of the slow-moving plume and ground deposition of particulates;

REPORT ON KOEBERG CIVIL DEFENCE EXERCISE ON 1985-11-27



and

(b) to measure the levels of radiation within the plume area to determine what measure of protection to the public was required and whether milk and/or vegetable produce should be prevented from reaching the human food chain.

Civil Defence organizations communications were tested in that the plume affected several other local authorities and sheltering was considered to be necessary.

Cape Town's Regional Civil Defence was not tested other than to act as communications centre to other local authorities civil defence organizations, to pass on Koeberg Controller's instructions and to offer assistance to any other local authority should they be in need.

The plume eventually reached Paarl before the exercise was called off, and **sheltering was considered necessary, and ordered, west of Paarl Rock.**

Presumably the scenario at the plant was a realistic (even if remote) one, and was of very short duration.

The postulated wind was Westerly and unlikely to remain in that quarter for any length of time.

However, a Northerly quarter, gentle breeze, with little dispersion for a sustained period of time, is not only a possibility, but occurs frequently. (So-called "berg wind" conditions).

It is clear that, if the wind had been from the North, and a similar release had occurred and sheltering was ordered out to 45 km, a large part of Cape Town and the Northern suburbs whould have been ordered to shelter.

If only 10% of those million people had been caught in the open (not only feasible, but probable in a real situation) then 100 000 people would require decontamination and clothing.

The AEC has, at last, indicated to Escom that this situation could exist and, in a worst possible scenario, would exist.

The annexed map illustrates the plume as envisaged in the exercise and in the event of a similar steady wind from the north.

Is it too much to expect that the next Koeberg emergency exercise will have a realistic scenario aimed at testing the protective measures for the City of Cape Town itself, where the great bulk of our population lives, most of whom have no idea of the form an exercise would take, --- even if such scenario is four years late in coming?

MEASUREMENT

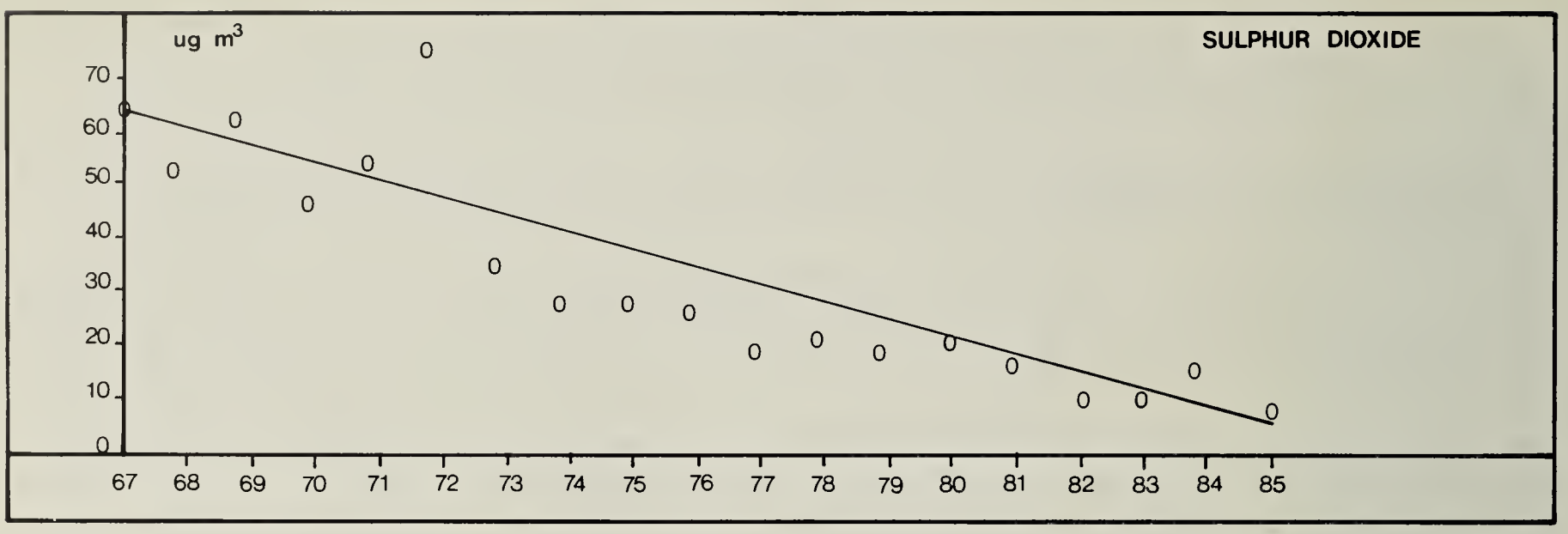
A caravan fitted with instruments, supplied by the Department of Health, arrived in Cape Town having been brought down by rail. Probably due to fly-shunting, the instruments became dislodged and were in a mangled heap on the floor. Refitting was done by the air pollution control staff and a professional assistant from the Scientific Services branch.

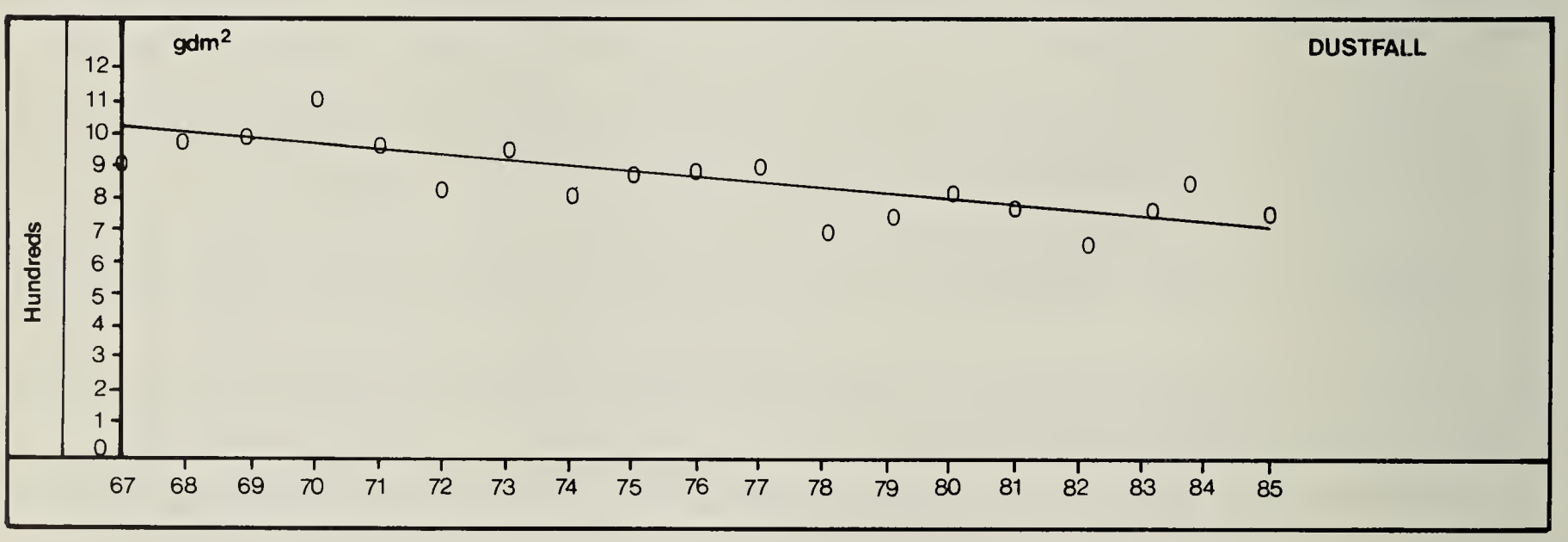
After testing and calibration, the caravan was placed at Lakeside for four months and thence to Table View, both the venues to assist with the epidemiological survey of the area. In addition, two pollen samplers were installed at Fresnaye and Lakeside.

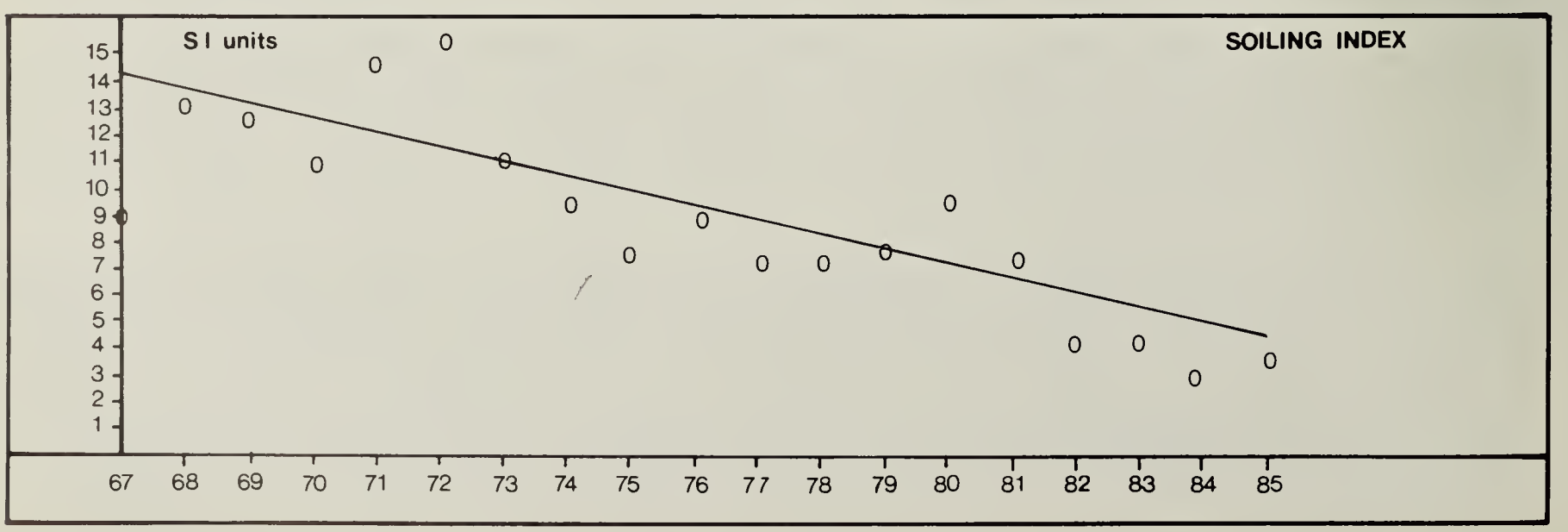
A further ozone analyser was purchased to be used in the mobile mode for investigating spatial and temporal distribution of the result of photo-chemical reaction.

A visit from one of the chief researchers into photo-chemical smog in Australia and a

Figure 4.1 ANNUAL AVERAGE VALUES SO^2 BUBBLERS AT SEVEN MEASURING STATIONS







report on his findings and recommendations has been most useful in determining the future course of measurement and research into this problem.

Funds were also made available for an ultra-violet light radiometer, again to provide further information into photo-chemical reaction and it will be purchased in the new year.

Other factors affecting the levels of pollution now or in the future have been:-

(1) the closing-down of Table Bay power station and its imminent demolition,

(2) the closing-down for the summer period of both Salt River and Athlone power stations with the resultant enormous drop in the combustion of coal,

(3) the announcement that as from January 1986 the permissible amount of lead in petrol is to be reduced from 0,86 to 0,6 grammes per litre. Information received is that the reduction had been effected before the end of the year.

The City Hall monitoring system was shut down for some two months of the year to effect repairs to the data-handling system. The duration of this shut down is worrying and is mainly caused by the fact that the agents are in Johannesburg.

The opportunity was taken to redecorate the instrument room and update the furniture and fittings.

The radiation monitors were all calibrated again and adjustment was not required. They continue to give excellent service.

The SO_2 bubbler network is maintained although the readings for smoke and suplhur dioxide hardly warrant the expenditure. They are producing valuable readings for lead-in-air over a large part of our area.

The graphs for SO_2, soiling index and dustfall are presented in the usual way and show that the low levels are maintained.

The averages of all seven instruments measuring lead on a 2 or 3 day average are given for the six years of measurement and do not show an increase of lead-in-air. Hopefully with the 28% reduction of permissible lead in petrol the 1985 level of 0,8 will be maintained in future, although meterorology plays a big part.

1980	0,9 microgrammes per cubic metre
1981	1,0
1982	0,9
1983	0,9
1984	1,0
1985	0,8

The tables for the continuous monitors analysing SO_2, No_x, No, and No_2 showing annual means for the day, hour and entire period together with 1-hourly means frequency tables are given on pages 153 to 156 (Tables IV.12 - IV.15).

The State Health (SA) guideline standard for SO_2 of 0,3 ppm (790 ug/m^3) for 1-hour mean was not exceeded and the 24-hour guideline of 0,1ppm (263 ug/m^3) was not exceeded.

The only guideline for any of the nitrogen oxides set by State Health is for total nitrogen oxides (No_x) and the 1-hour level is set at 1 ppm (1880 ug/m^3) and the 24-hour level at 0,4 ppm (752 ug/m^3). The 1-hour mean level was exceeded on five occasions in 1985.

The company supplying the hydrocarbon analyser was unable to successfully commission the instrument during 1985 and no readings are available.

Doubt is also cast on the veracity of the ozone readings since a reliable calibration has not been done in this country. Rather than give the possibly inaccurate information on ozone levels measured, they have not been included.

The continuous smoke recorder at City Hall yields lead and soiling index, the results of which are shown on pages 157 and 158 (Tables IV.16 - IV.17).

The highest 2-hour mean for lead of 15,9 ug/,^{3} and 96/8 S.I. units obviously occurred on badly polluted days, but are not alarming readings.

The summary of the monthly means of the individual SO_2 bubblers are shown on pages 159 to 160.

The SO_2 and soiling index (smoke) levels are all low, indicating that industrial air pollution from chimneys is well controlled.

The lead figures, which may not be compared with any standard because of the difference in siting and measurement technique, are not cosidered to be cause for concern.

V COMMUNITY HEALTH CARE

COMMUNITY HEALTH POLYCLINICS AND SATELLITES

Because of the realisation that greater efficiency, improved work satisfaction and a higher level of community service would result from the amalgamation of the previously separate tuberculosis, veneral disease and child welfare branches into a more comprehensive, single promotive health service, such a pilot project was launched in the Heideveld area in 1974 and was completed in 1978. In August 1977 the municipal area was divided for administrative purposes into three geographic health zones (each composed of a number of smaller health districts) with clearly defined boundaries and controlled by three Principal Medical Officers as branch heads. Community health polyclinics provide a wide range of all day and everyday services to meet the needs of the residents of a defined surrounding area, and in many areas use is also made of satellite clinics. A planning committee under the chairmanship of the Medical Officer of Health, and including all senior field staff, meets monthly to monitor the efficiency of the services being provided, and to report on, and discuss fully, field problems at the 25 polyclinics and 26 satellite clinics as they arise. As an example of co-operation and co-ordination of primary health services in the spirit of the Health Act 63 of 1977, it is noteworthy that a total of 211 sessions are provided in City Health Department clinics by staff of the State Health Department, Provincial Hospitals services, etc., in a wide variety of spheres ranging from psychiatric to dental services. No charge is made by the City Council for this usage.

MITCHELLS PLAIN

Housing funded by state and built under contract for the City Council has resulted in a total of 31 118 units being built up to December 1985. This includes houses built for home ownership and to rent.

During 1985 the administration of 1 983 units built by the Divisional Council was transferred to the City Council.

In line with present government policy plots are being sold to private developers, building societies, employers and to individuals, for residential development. Insurance companies and building societies have provided mortgage loans to individuals. The estimated population of Mitchells Plain is 200 000, which is now larger than towns such as Kempton Park, Pietermaritzburg, Kimberley or Windhoek.

Westridge was the prototype for the first custom built community health polyclinic built adjacent to the civic centre (opened in November 1977) and continues to function extremely well. The effort, research and planning devoted to its design have proved most worthwhile since it enables all our health services to be provided under one roof and for several clinic sessions to run concurrently. Due to the great success of Westridge, two more clinics were built to the same specifications at Lentegeur in 1981 and Rocklands in 1983. At these three clinics there is a full programme of morning and afternoon sessions throughout the week. One section of the polyclinic caters for antenatal services for private midwife cases, child welfare, family planning, child assessment, immunizing, hearing and eye testing and dental clinics (a state health service), and in the other section of the building the investigation and treatment of tuberculosis and sexually transmitted diseased are carried out; and psychiatric (a state health service) and geriatric services are provided. Because of the density of the population in Beacon Valley, a satellite clinic operates on a full time basis and is independantly staffed and renders the services of child welfare, family planning, nutrition clinics and daily supervised therapy for tuberculosis to serve the residents in this community of Mitchells Plain. Although only temporary premises are available at present, because of the demands created by the new families moving in, it is noteworthy that seven child and maternal health sessions are in operation from the Beacon Valley clinic. Construction of the fourth polyclinic in the town centre commenced. The clinic will be built in tandem with a fully fledged day hospital and M.O.U. in the spirit of the Health Act.

In order to run a service which is close and accessible, satellite clinics are also run from temporary premises in Tafelsig and in a church hall at Strandfontein.

CITY OF CAPE TOWN

STAD KAAPSTAD

HEALTH DEPARTMENT

GESONDHEIDSDEPARTEMENT

POLYCLINIC HANOVER PARK POLYKLINIEK

PHONE 67·7045 FOON

CHILD HEALTH CARE		KINDERSORG
IMMUNISATION		IMMUNISERING
FAMILY PLANNING	FOR CLINIC TIMES	GESINSBEPLANNING
ANTE-NATAL CARE	ENQUIRE AT RECEPTION	VOORGEBOORTESORG
BREAST FEEDING		BORSVOEDING
TUBERCULOSIS		TUBERKULOSE
TREATMENT CLINIC	VIR KLINIEKTYE	BEHANDELINGSKLINIEK
CHIROPODY		VOETHEELKUNDE
DENTAL CARE	DOEN NAVRAAG BY ONTVANGS	TANDVERSORGING
GERIATRICS (ELDERLY CARE)		GERIATRIE (BEJAARDE-SORG)
NUTRITION CLINIC		VOEDINGSKLINIEK
ORTHOPAEDICS		ORTOPEDIE
PSYCHIATRY		PSIGIATRIE

HEALTH INSPECTOR — ENQUIRE AT RECEPTION/NAVRAE BY ONTVANGS OR PHONE 638·1692 OF FOON — GESONDHEIDSINSPEKTEUR

POLYCLINIC

LANGA AND GUGULETU

By 1978 clinic services were fully amalgamated into the preventive and promotive community health care scheme and at Langa the new polyclinic was opened in July, 1982 and the improved facilities have increased the efficiency of the services rendered.

DOMICILIARY VISITING

While a great deal of important work is performed at the polyclinics by the Community Health nurses their really vital task is to visit persons needing advice and assistance in their homes. Concurrently with the conversion of services to the all-embracing preventive polyclinic concept is a change in clinic records to the form of family folders. This means that a public health nurse visiting a home has at her disposal in one folder records relating to all members of the family. Home visiting enables the public health nurse to guide mothers in the care of their children in relation to the home. Routine visits should be made soon after the infant's birth and at least every three months thereafter during the first years of life. However, staff shortages often interfere with this ideal, especially as home visiting is also essential for other reasons such as for cases of notifiable or other infectious diseases; where there are socio-economic or other domestic problems; where some family member has defaulted on a clinic appointment for a variety of services; antenatal and geriatric visiting. (The different visits made by public health nurses are given in Table V.18 Page 176).

FAMILY PLANNING

PROGRAMME AIMS

Family planning services are being accorded an ever higher priority rating as many health problems would be prevented or alleviated if family size was limited to that desired by (and capable of being provided for by) the parents. The central government attaches so much importance to this service that it is subject to a 100% refund from that body. It must be emphazed that the aim of the family planning programme is to raise the standard of family health and not merely to control population or community growth.

PROGRAMME METHODS

Family planning clinic services are provided by full-time family planning clinic sisters and also as part of their normal duties by comprehensive medical officers and nursing staff. Mobile teams attending factories where large numbers of individuals who would find it difficult to reach clinics can be assisted are now under the control of the Department of Health and Welfare. A team of motivators provide preliminary education and motivation at the factories as groundwork for the clinical team. Another team of field motivators, under the control of a liaison officer, is engaged in a sweep through the residential areas, identifying and motivating potential clients and simultaneously building up a picture of the fertility demography of the area. The motivators and liaison officers fall under the control of the Department of Health and Welfare but maintain close links and co-operation with the City Health Department staff.

PROGRAMME RESULTS

Detailed statistical returns on all aspects of the programme are forwarded to the State Health Department. These returns are analysed in depth to assess the penetration and cost-effectiveness of the national programme.

GROWTH IN 1985

Assessment of the penetration of the service can be achieved on a yearly basis by means of an 'individual count' whereby the cards of all clients attending at least once during the year are counted once (Table V.1 Page 161). Such a total includes a number of clients who defaulted at some time during the year (although experience

Figure 5.1 INDIVIDUAL FAMILY PLANNING COUNT BY METHOD, ALL RACES 1983 - 1985

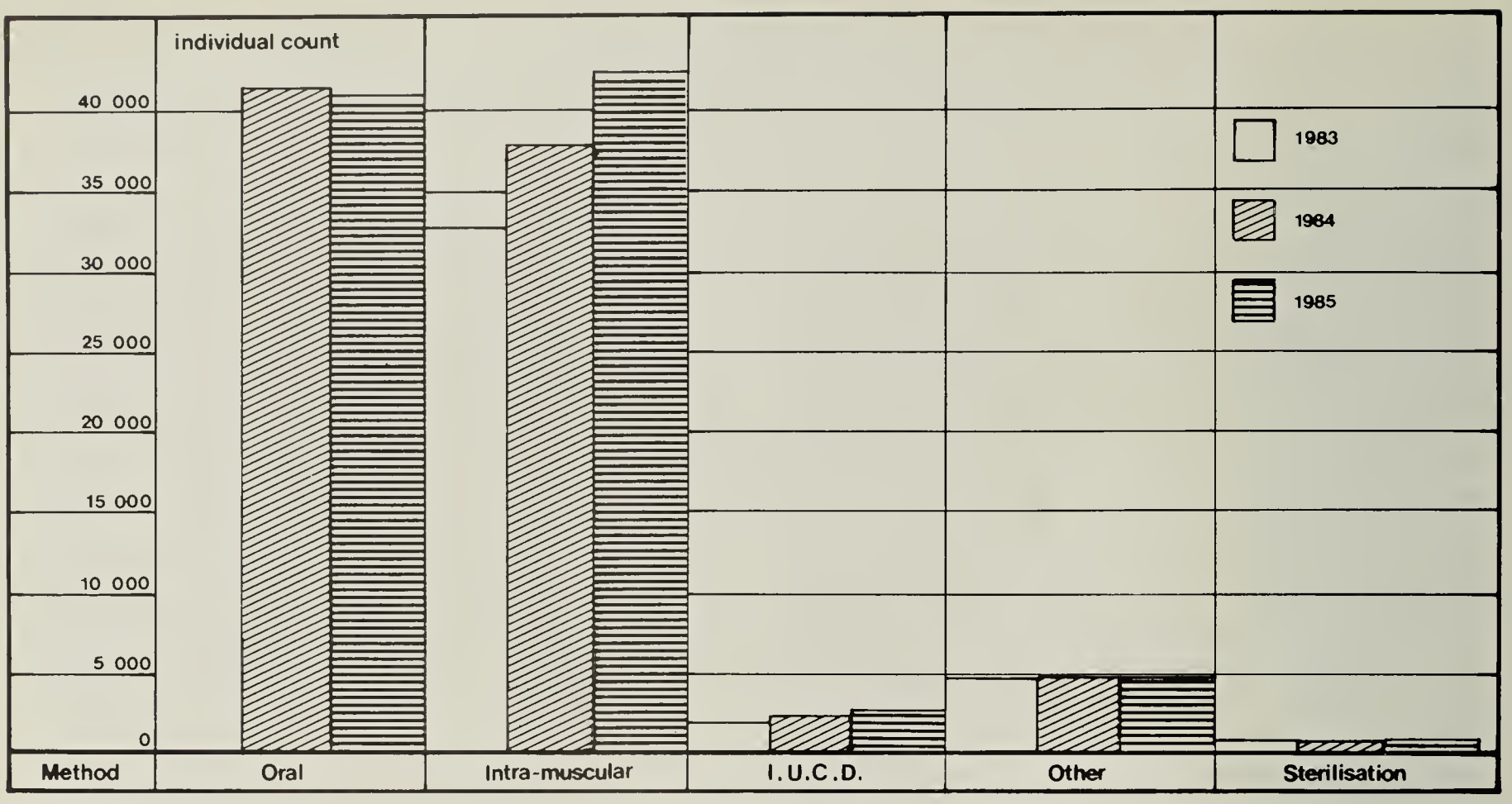
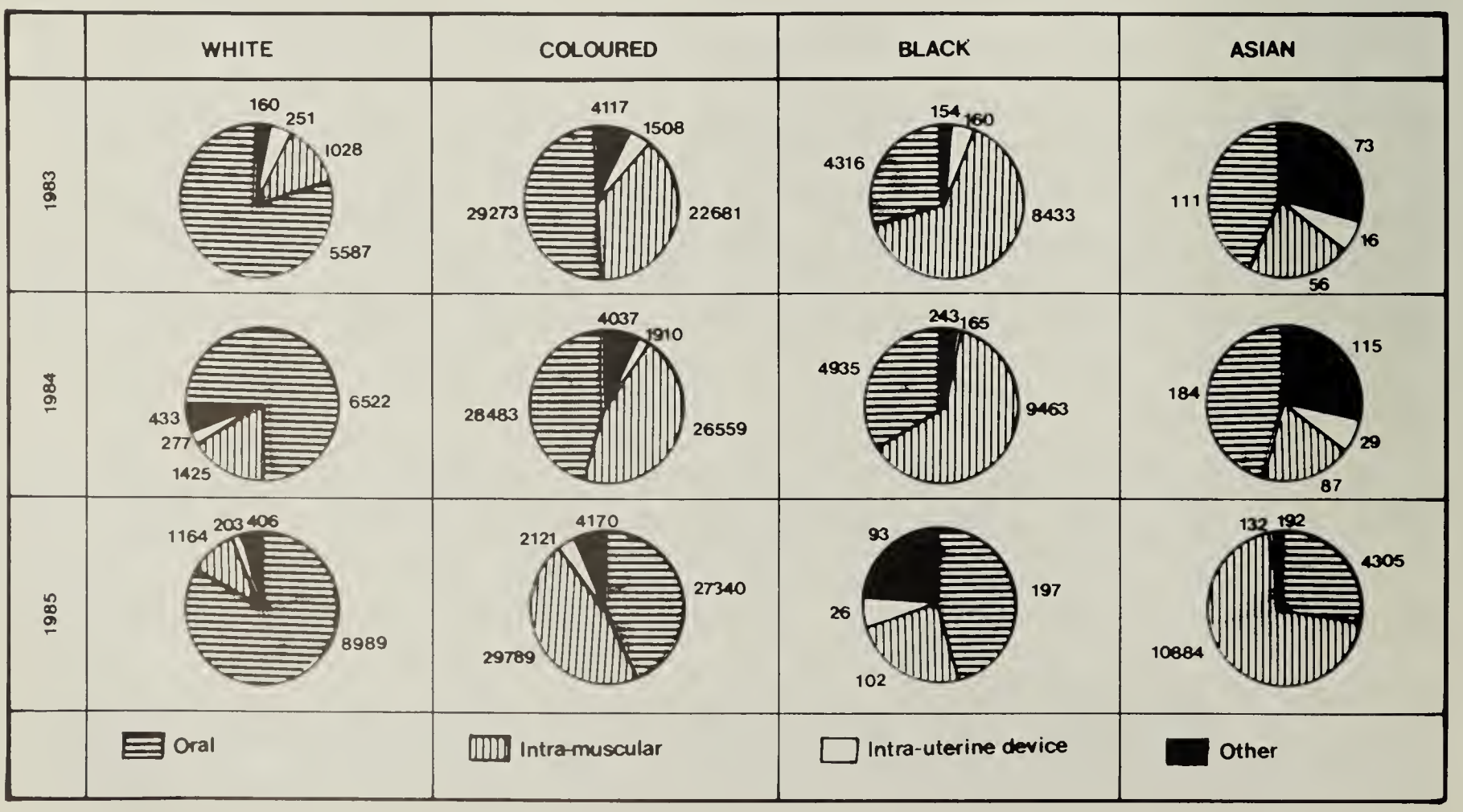


Figure 5.2 THE PREFERRED MODE OF CONTRACEPTION BY RACE 1983 - 1985



shows that many of these clients have actually attended elsewhere and are still protected) but may still be used to assess annual growth.

In 1985 the individual count total of clients seen was 90 934; (10 814 White, 64 159 Coloured, 419 Asian and 15 542 Black). At Family Planning clinics individual attendances increased from 64 554 in 1984 to 72 309 in 1985 representing a 12% growth.

Attendances at various centres over the past five years are given in Table V.2 Page 161.

COVERAGE OF WOMEN 'AT-RISK' OF CONCEIVING.

Shows that nearly 61% of Coloured women at risk are thought to be protected at City Health clinics and factories (Table V.3 Page 163).

Preferred mode of contraception (Tables V.4 and V.5 Pages 163, 164; Figures 5.1 and 5.2)

Whites - Three quarters of clients chose oral methods in 1985 as in 1984.

Coloureds - Proportionately far fewer chose oral methods than did Whites (and many more opted for intramuscular methods). The overall pattern showed little change from the previous year and IUCD remained fairly unpopular.

Blacks - This group continued to prefer intramuscular over oral methods in 1985 as in 1984.

CANCER PREVENTION

Since February 1960, routine cytological screening to detect possible early malignancy of the cervix (carcinoma of the cervix uteri) has been performed on all women attending family planning or post-natal clinics. Where atypical cytology is found the patients are referred to the gynaecological out-patients department for further management. In 1985, 13 204 Papanicolau smears were examined, 58 results were reported as "atypical" and were investigated - of these, early carcinoma was discovered in at least 26 cases (investigations are proceeding in some of the remainder).

MATERNITY SERVICES

The Health Act, Act 63 of 1977, assigned the responsibility for providing these services to the provincial administration.

ANTE-NATAL CARE

The Health Department works closely with the Provincial and private maternity services operating in the Peninsula, referring many cases to the former and assisting with ante-natal care in some of the latter.

ATTENDANCES

During 1985 the fall in ante-natal attendances evident since 1974 continued. The fall in attendances is almost entirely due to the greater number of referrals to the Peninsula Maternity Services group of hospitals and day hospitals. During 1985 there were 946 clinic sessions held at 26 different centres (see Tables V.6 and V.7 Pages 165, 166). Private midwives were booked to attend 153 domiciliary deliveries (15 less than in 1984) and the majority of these expectant mothers attend- ed Municipal ante-natal clinics - the midwives being encouraged to attend with their patients for consultation with the doctor. There were 3 507 first attendances of new ante-natal cases (compared with 4 400 in 1984), but the majority attended only once and were then managed by the Provincial Maternity Services.

Langa and Guguletu: Attendances at ante-natal clinics totalled 1 821 at Langa and 402 at Guguletu during 1985. The number of new attendances at Langa totalled 1 788,

which outnumbered the notified Births in the area and at Guguletu totalled 402 i.e. 14% of the notified Births in the area. These figures are influenced by the availability of Provincial Services.

MIDWIFERY

While not offering facilities for delivery at municipal clinics the Health department does supervise all persons other than medical practitioners practising midwifery in the municipal area (in terms of Section 18(b) of the Public Health Amendment Act, Act No. 15 of 1928).There are 26 private trained midwives Regular monthly meetings are held at various centres which afford the private midwives the opportunity of hearing lectures given by obstetricians from the medical school, University of Cape Town and at which the supervisor of midwives inspects the midwives' records and equipment. Private midwifery fees are paid by the Health department for approved indigent cases in areas not served by the Provincial District Midwives or midwives from the training school. An amount of R648,00 was so paid in 1985.

POST-NATAL CARE

While post-natal care is offered at family planning sessions usually combined with infant visits, (see above) there is a grave deficiency in coverage at the six week stage.

CHILD HEALTH CARE

SCOPE OF ACTIVITIES AT CLINIC SESSIONS

Child welfare, immunization and family planning services were delivered simultaneously on a polyclinic principle during 1985. At the clinics mothers are advised on correct feeding practices, and all matters of hygiene relating to infants and preschool children. Dried milk is supplied as discussed below.

DEVELOPMENTAL SCREENING

Neonates, babies of about 9 months, and children aged 5 to 6 years are screened for developmental abnormalities, which for the latter two groups includes vision and hearing testing. Problems are identified early and appropriate management instituted thus ensuring that the child develops to his full potential.

During the year neonates were screened by the public health nurses at the birth visit. In the other groups 23 800 screening tests were done, 18 356 in the 9 month old group and 5 444 in the 5 to 6 year old group. In these two groups abnormalities which required either re-examination or referral were found in 4,3%. Hearing problems are referred to the Hearing and Speech Unit at the Tygerberg Hospital for further assessment. Many patients, because of the distance and the cost involved, fail to keep their appointments. It was therefore decided to bring the hospital to the community and a special hearing referral clinic was established at Silvertown Community Health Centre. This clinic, which is held on a monthly basis, is staffed by technicians from the Hearing and Speech Unit at the Tygerberg Hospital. All children whose hearing is found to be abnormal are referred to this clinic for further assessment. Some require a visit to the hospital for further tests. This referral clinic has worked well and the defaulter attendance rate has dropped.

Children with emotional or behaviour problems are referred to the appropriate department of the Red Cross hospital for assessment. Because of the long waiting list at the hospital, it was felt that a child psychiatry session for such problems should be held at Silvertown clinic. This session, held once a month, is staffed by a child psychiatrist and a psychiatric trained sister from the Child and Family Unit of the Red Cross hospital. The service, which was started in August 1985, is working well and is much appreciated by the mothers of the children concerned.

ATTENDANCES

In 1985, there were over over 600,000 attendances at the child welfare clinics. This

very large attendance was undoubtedly due to the comprehensive polyclinic concept which gives considerable frequency and availability of services. The number of sessions held (see Table V.7 Page) was 6 453 and of the 681 099 attendances recorded, 23 260 were new attenders, 22 307 being aged less than one year of which 2 296 were White, 15 454 were Coloured, 195 Asian and 4 362 Black. The new attendances of infants under one year of age was equivalent to 90,6% of the total number of births notified during 1985.

Langa and Guguletu: Attendances are detailed in Table V.7 and V.8. Pages 166 and 169.

Langa: There were 25 497 attendances at Langa in 1985 of whom 1 491 being new attendances of which 1 287 were under one year, which is equivalent to 75% of the total number of notified births in the area.

Guguletu: There were 65 308 attendances at Guguletu in 1985, 3 087 new attendances of which 2 819 were under one year, which is equivalent to 96% of the new births in the area.

NUTRITION OF INFANTS, TODDLERS AND PRE-SCHOOL CHILDREN

Information and advice on nutrition and correct feeding techniques is given to mothers at child welfare clinics. Breast feeding is strongly encouraged and instruction is combined with test feeds when necessary.

Artificial Feeding

For those who are unable or unwilling to breast feed, advice on artificial feeding and bottle hygiene is given. Dried milk is supplied at prices ranging from cost to a free issue depending on the financial circumstances of the mother. A small variety of milks is available to allow for freedom of choice on the part of the mother. During the year 330 369 kgs of proprietary dried milk were sold at cost.

Skim Milk

The pilot scheme started by the State Health Department in 1961 for the distribution of dried skim milk to necessitous toddler groups for the prevention of kwashiorkor has been continued on a permanent basis. The City Health Department obtains the milk and distributes it, and in 1985 an amount of 124 814 kgs was distributed with the patient contributing as much of the City Council's share of the cost as possible. The contribution made by the State Health Department was reduced considerably for the financial year 1984/1985. 8 979 kgs of skim milk powder provided by the Council was supplied to children at Council creches and nursery schools. Without these schemes the state of infant nutrition in many cases would be far from satisfactory.

SPECIAL MALNUTRITION CLINICS

A malnutrition clinic specifically designed to deal with malnutrition and its many causes was established as a pilot project in Heideveld in 1979. The success of this clinic led to the establishment of specialised Malnutrition Clinics in other centres and at the present time these clinics operate in Silvertown, Heideveld, Manenberg, Bokmakierie, Newfields, Netreg, Hanover Park, Bonteheuwel, Guguletu, Langa, Lavender Hill, Parkwood, Retreat, Kensington, Factreton and in Mitchell's Plain at Lentegeur, Tafelsig, Rocklands and Beacon Valley.

All children living in the health district who are below the third percentile weight for age, or whose weight is static or decreasing, are referred to these clinics, the cause of their malnutrition established, and management of their problems instituted. (Patients who show signs of kwashiorkor or marasmus are referred to the hospitals or day hospitals for curative treatment).

Before the child is referred to the malnutrition clinic the health visitor completes a malnutrition form when doing her home visit. A family, social, medical and nutritional history is taken.

At the clinic the child is medically examined and referred for a chest x-ray. The paramount importance of nutrition education is recognised and intensive health education on proper feeding techniques, budgeting, nutritious foods, simple home economics and the buying of the correct type of food is given to the mother. Nutrition experts give demonstrations on the cooking of nutritious recipe, the hay box method of cooking is demonstrated and the patients are taught how to make a hay box. Social problems are dealt with and the mother is referred to the appropriate agency for help and advice. Medical problems are treated and defaulters are followed up. At Heideveld clinic the Shawco shop is present at clinic sessions so that mothers can buy recommended foods at prices cheaper than in shops and supermarkets. Shawco would extend this service to other area if overheads were not so high and a mobile van was available.

Mealie meal and skim milk are supplied and act as a drawcard.

The service will be extended to other areas where the need exists.

CRECHES CUM PRE-PRIMARY SCHOOLS

Creches and Creches pre-primary schools run by this Department are provided for infants and children of those families where either parent is suffering from illness or disability, e.g. tuberculosis, which prevents the proper nutrition care and upbringing of the child. Children are admitted following thorough investigation and referral by the Public Health Nurses and social workers in the field.

The activities of the eight nursery schools and one creche are controlled by the Nursery School Supervisor and are detailed in Table V.14 Page 174. Each child or infant has a routine annual medical examination and the Nursery School Teachers are trained in the developmental screening of the 5 - 6 year old child which includes screening for hearing, special visual, speech and behavioural problems.

PRIVATE CRECHES/NURSERY SCHOOLS

Persons wishing to establish creches, creches cum nursery schools and after-school care centres must:-

(a) apply for a trading licence in terms of the Licencing Ordinance No. 17 of 1981 from the Town Clerk;

(b) register with either the Department of Health and Welfare for Whites; Department of Internal Affairs for Coloureds and Asians and the Department of Co-operation and Development for Blacks.

The standard requirements of this Department are available on request and Council Health Inspectors, working in close collaboration with the relevant State Department investigate the suitability of the premises from a public health point of view.

Although certain organisations, e.g. welfare and church organisations are exempted from obtaining a trade licence, all places of care must be registered in terms of the Children's Act No. 33 of 1960.

In terms of the regulations relating to places of care promulgated under government notice R243 of 1976 the Medical Officer of Health, under powers delegated from the Council, is obliged to submit a report to the relative State Department regarding the suitability of the building from a structural and health point of view prior to their registration.

Regular inspections of existing premises are made routinely or following a complaint to ensure that health standards are maintained.

The standard requirements for the establishment of Places of Care as published in the manual on creches by the former Department of Social Welfare and Pensions, have been in existence since 1970.

The need to review these standards had become apparent, to keep in step with the changing values, costs and standards of communities, building construction and socio-economic conditions. Following a practical study of these standards and the possible benefits revision would give, I wrote to the Director General, Department of Health and Welfare on 5 March, 1982, proposing new updated standards (but nonetheless considered the health and welfare of children and staff as the main priority).

I am pleased to say that a national committee has been formed and revised updated national standards are anticipated.

SCHOOL EYE CLINICS

A visiting ophthalmologist, assisted by a clinic sister, was present at 222 ophthalmic sessions for school children held during 1985 and which resulted in 1 322 children receiving spectacles (attendances are detailed in Tables V.7 and V.15 Pages 166, 174). New cases decreased by 181 over 1984, and total attendances by 964.

PROTECTED INFANTS

Children under the age of seven years living with foster parents must be registered with the commissioner of child welfare of the district. He is empowered to nominate infant protection visitors to visit the foster home and make reports thereon - the public health nurses of this department have been so nominated and in 1985 were responsible for visiting 44 protected infants in the Cape Town and 166 in the Wynberg magisterial districts. Reports on these children must cover all psychological, social and physical aspects of the foster care being provided and, if they are adverse, these reports may result in the removal of the child to the care of a more suitable person.

IMMUNIZATION

There was an overall drop drop of 5,27% in the total of all immunization performed in 1985 compared with 1984. This was mainly due to the 24,49% fall in the number of immunizations of school-age children because of the closure of schools during the unrest. Coverage of infants actually improved with a rise of 1,18% in the number completing their immunizations under the age of one year - despite a fall in the number of live births. It is hoped to take up the school backlog in 1986.

A continued effort to keep up the community level of immunity to poliomyelitis, diphtheria, whooping cough, tetanus, tuberculosis and measles is essential. Difficulty is still sometimes experienced in obtaining completion of the course of immunization. This necessitates much home visiting by the public health nurses to persuade defaulting parents to bring their children to the clinic. The recommended schedule of the State Health Department (form Health 183) is followed in broad outline (see Table V.9 Page 171). Immunization is offered by: (a) the child welfare staff at the vast majority of clinics as already indicated and, (b) immunizing teams of nurses who visit creches, institutions and schools. Decentralisation of the records to community health centres was introduced in 1978.

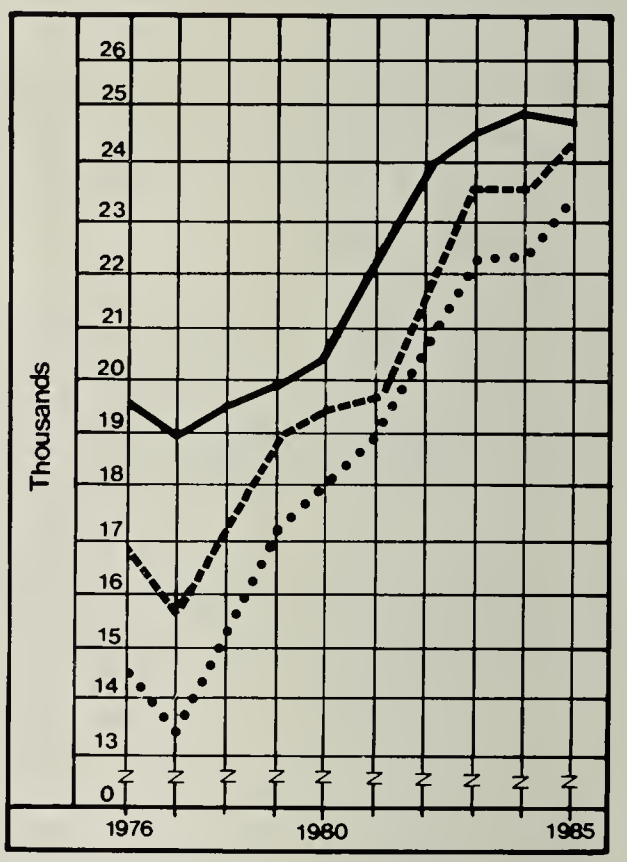
POLIOMYELITIS

Government notice R1989 of 1963-12-27 made it compulsory for immunization against poliomyelitis to be commenced within the three months after a child had attained the age of three months and to be completed within a period of twelve months from the date of the first dose. Immigrants were also prescribed as requiring immunization and the service was proclaimed to be available free of charge to South African citizens and immigrants alike. Such free immunization is available at all clinics where vaccines are routinely administered. Poliomyelitis immunization was offered at 5 223 sessions during 1985 and a total of 113 263 doses were issued (broken down by whether 1st, 2nd, 3rd or booster dose; by age and race groups (see Table V.10 Page 172). Figure 5.4 illustrates the number of complete triple dose poliomyelitis immunizations administered in relation to the number of births notified over a ten year period (1976 - 1985) and shows an increase from 90% to 95% in the completion rate for 1985

compared with 1984 for the under one year age group. In 1985 the figures, by race, were White 92,6%; Coloured 100%; and Black 75,5%.

Langa and Guguletu: (Table V.11 Page 173). At Langa 1 138 and at Guguletu 2 604 persons were fully immunized with a course of three doses of vaccine. The age at which the first dose was administered reflects the fact that in Langa some 6,8% and in Guguletu 2,4% of persons immunized were aged 1 year or older. This is unsatisfactory, as the first dose should be administered at three months, the second at 4 1/2 months, and the third at six months of age. None the less, there has been a considerable improvement over the 1984 figures.

Figure 5.4 THE NUMBER OF COMPLETE TRIPLE DOSE POLIOMYELITIS IMMUNISATIONS ADMINISTERED IN RELATION TO THE NUMBER OF NOTIFIED LIVE BIRTHS : 1976 - 1985



DIPHTHERIA, WHOOPING COUGH (PERTUSSIS) AND TETANUS VACCINE (DWT, DPT OR "TRIPLE ANTIGEN")

Such immunizations are not compulsory but are vitally important to the health of the child. The triple antigen in use in 1985 was that of the SAIMR and its administration is recommended at 3 months, 4 1/2 months and six months of age with a further booster dose at 18 months. Use of DT alone is advised children over two years. At 5 575 immunization sessions in 1985 a total of 113 033 injections of various combinations of D+W+T were administered (see Table V.10 [b] Page 172).

The numbers in the under 1 year age group who completed the 3rd dose of triple vacine was equivalent to 91,7% of White, 99,9% of Coloured, 75,5% of Black births notified during the year and outnumber the Asian notified births.

In perusing these statistics it should be remembered that of the notified live births a number were dead or ill before reaching the age of one year - in 1985 there were 521 such deaths alone, (equivalent to 2,1% of the total notified births), of which 185 were Black, 303 Coloured, 3 Asian and 30 were White. In turn, of the 491 Black, Coloured or Asian deaths, 364 were aged less than three months so that the real penetration of the immunizing service was even better than the crude percentages would indicate.

Langa and Guguletu: A similar pattern to that of poliomyelitis immunization is apparent (see Table V.11 Page 173). The proportion of notified births presenting for the first immunization during the first year of life is poor. This is partly explained by infants being taken back to the Transkei etc. and by the infant mortality.

B.C.G.

SMALLPOX

Vaccination was no longer compulsory and was deleted from the schedule.

TUBERCULOSIS

BCG immunization was made compulsory by Government Notice 1754 of 1973-09-28; except where the parent or guardian objects in writing, this must be commenced (i.e. given for the first time) within 6 months of birth. It is recommended, however, that the first dose of BCG be given at birth and a second dose at 3 months (unless a definite scar is present), a third dose at school entry and a fourth dose for school leavers. Japanese freeze dried BCG was supplied by the State Health Department until August 1985 when this was replaced by a vaccine manufactured by the State Vaccine Institute of Pinelands.

40 024 BCG vaccinations were given during 1985 - 8 222 to infants under six months, 110 to infants 6 to 12 months, 119 to infants 13-35 months, of which 485 were repeats (1 299 White, 5 633 Coloured, 87 Asian and 1 432 Black) and 31 573 to school age children and others (23 465 Coloured, 4 537 Whites, 25 Asian and 3 546 Blacks). BCG is administered percutaneously via 27 punctures (using the new disposable needle implanted plastic cylinder) to infants aged one month as a routine and also to tuberculosis contacts who were tuberculin negative (see page 92).

First attendance in the under 6 months age group was equivalent to 49,4% of White, 30,6% of Coloured, 26,8% of Black births notified during the year and outnumber the Asian births.

Attendances for 1984 and 1985 are detailed in Table V.12 (Page 173).

Langa and Guguletu: 721 BCG vaccinations were administered at Langa and 672 at Guguletu during 1985 (equivalent to 42% of notified births at Langa and 22,9% at Guguletu).

MEASLES

A measles immunization programme was begun in February 1974. Nearly 11 000 doses were administered to children in 1974, 10 100 in 1975, 11 469 in 1976, 7 364 in 1977 (vaccine available from June to December only), 29 948 in 1978, 34 475 in 1979, 36 059 in 1980, 36 550 in 1981, 37 505 in 1982, 40 138 in 1983, 38 066 in 1984 and 31 135 in 1985.

The schedule was changed from two doses at 7 and 14 months to a single dose at 9 months during 1985. This accounts for most of the fall in numbers. Children are given the vaccine at 9 months only, because of sound epidemiological evidence that this is the optimum regime. Because the objective of the department is to eliminate indigenous measles, major efforts are made to improve the proportion of children receiving the vaccine.

The number of cases of measles notified to this Department in 1985 was 306 which compares with 342 in 1983 and 154 in 1984.

First attendance in the under 1 year age group was equivalent to 42,1% of Whites, 85,1% of Coloured, 59,3% of Black births notified during the year and outnumber the Asian births.

The entire measles programme is continuously under review.

Langa and Guguletu : 1 221 Langa and 2 914 Guguletu children were given measles vaccine in 1985.

ADVERSE REACTIONS TO IMMUNIZATION

26 adverse reactions occurred (see Tables V.16 and 17, Pages 175, 176).

GERIATRIC SERVICE

The geriatric health service started by the Health Department in August 1975 is completely in line with the Health Act N° 63 of 1977, which was enacted by parliament only two years later.

It was designed to keep the elderly in the community as happy, healthy, useful to themselves as well as others and whenever possible, productive members of society. This is achieved by -

1) assessing women 60 years old and over and men 65 years and over, in respect of their capabilities to cope with life, physically, mentally and socially,

2) provision of health education,

3) giving of all types of advice,

4) referral to the correct agencies.

5) treating all problems, even the most trivial, with careful concern.

The assessment is started in the person's own home by a Community Health nurse. Should a serious problem be discovered she will immediately take action. In the normal course of events, the person is invited to attend a screening clinic at the nearest Health Centre. Persons not wishing to attend because they attend a hospital out-patient department or have their own G.P., the Community Health nurse nevertheless maintains her contact and watching brief on the person's health. A breakdown of home visits show that repeat geriatric visits were 6.5 times those of visits to make clinic attendance appointments and to arrange transport.

The visiting and a total attendance of 1 117 at screening clinics is 40% down on previous years, due to the troubles which started on 17 July 1985 and which continued beyond the year end. The figures are still significant as home visits to arrange appointment to attend screening clinics, as well as screening sessions, were cancelled to safeguard the safety of elderly who wished to attend. Further, the Health Department can only afford 5% to 8% of its resources for geriatrics as child health and control of infectious diseases must, of necessity, be given priority (for details of attendance and nature of the referrals please refer to Table V.19 Page 177.

The major physical disabilites continue to be vision and foot problems, 8% and 41% respectively. Because of the long waiting time for opthalmology appointments at Groote Schuur and Tygerberg hospitals, which can be up to six months, patients are usually referred to the day hospitals' social workers for financial assessment and are then referred to private opticians for refraction and spectacles. Some 11% were referred to Conradie Hospital who handles the whole matter involved.

Only the services of two chiropodists were available in 1985. The shortage of chiropodists in Cape Town, the high incidence of foot problems in the elderly, which are often completely crippling, are of great concern to the Health Department as they can be so easily treated. This year the Department again made representation to the Cape Technicon to introduce a chiropody training course.

COMMUNITY INVOLVEMENT

The 1977 Health Act commits Local Authorities to encourange community involvement in health matters, the provision and running of health services within its district. Since 1975 the Health Department has demonstrated this is not only possible, but also highly effective and desirable, through getting the community involved in its Geriatric Service.

Churches, welfare organisations, old age clubs and concerned individuals have formed themselves into Voluntary Workers Committees for the Elderly. Such committees are

attached at most geriatic clinics. From 1975 to 1980 these committees paid for the services of a chiropodist. Since being freed from this responsibility by the City Council, they now concentrate their efforts on other equally important services, such as the provision of refreshments to those attending Screening Clinics, provision of meals and nutritious food concentrates, home help, hospital escorts and Christmas parties and hampers. They also function on a sound organisational basis, each with its own constitution and linked centrally by what is known as the Central Geriatric Fund - an umbrella body which co-ordinates the activities of the various Voluntary Workers Committees.

Besides holding screening clinics in 14 of the Department's in its own health centres, four are held in service centres of welfare organizations for the aged, e.g. Disa House, Sea Point Place, the Murray and Roberts Service Centre and at BABS (Build a Better Society) Service Centre. The sessions in service centres have been very rewarding and it is hoped that in future similar sessions would be conducted at other service centres.

Since 1975 the Health Department has maintained registers in each of its Health Centres and each Community Health nurse maintains her own "Street indexed geriatric register" of the elderly in her own area of concern. These registers are more easily maintained in areas where there are closely knit communities and where the extended family still exists, than in "flat-land" and higher socio-economic communities where it is diffficult to trace the elderly.

So the Health Department looks forward to the implementation of the "Newman Report", as it sets out a method whereby the registers can be kept up to date through the submission of cards to the Local Authority by those who have knowledge of the names and addresses of the elderly.

The "Newman Report" was compiled by a committee under the chairmanship of Dr T F Newman, who was commissioned by the sub-committee on Services for the Aged, to produce a "procedural manual" for use by all Local Authorities in South Africa, to give effect to the recommendations of the "Lippert Report".

With the firm establishment of its geriatric service the Health Department has gone the full circle of total comprehensive preventive and promotive services for all age groups of the population it serves.

HEALTH EDUCATION

Community Health Centres:

Because health education has a significant contribution to make to community health care, talks on various aspects of health were given at all clinics by the nursing staff and health education lecturers. Healthier living habits were encouraged, and emphasis placed on the importance of immunization, correct nutrition, breastfeeding, hygiene, safety and other aspects of child care.

Hospitals:

Regular health talks were given by the health education staff at Brooklyn Chest Hospital, Somerset Hospital ante-natal and paediatric clinics and at Red Cross Hospital out-patient department.

Environmental Health Education:

Illustrated talks on food hygiene were given to the staff of supermarkets and hotels.

Lectures on the symptoms, treatment and prevention of tuberculosis were given at factories and building construction sites. Schools were visited and pupils were taught the dangers of smoking and drug abuse. Various institutions and voluntary organisations requested lectures on a variety of health topics.

Hostels in Langa and Guguletu were provided with evening lectures on tuberculosis.

National Heart Week:

A large model of the human heart was displayed on the concourse of the Civic Centre during Heart Week.

Blood pressure checks were provided by members of the nursing staff for council employees and visitors to the Civic Centre. Posters and pamphlets supplied by the Heart Foundation were also on display.

National Stop-smoking Week:

With the co-operation of the Cape Town Teacher's Centre, a circular letter was sent to all schools in the Cape Province, providing information to teachers on a new method of giving up smoking.

A video tape on the latest facts about smoking and health was shown in the Civic Centre, and pamphlets were distributed.

Sexually Transmitted Diseases

Lectures, slides and films were used for a wide variety of audiences as greater coverage of the community was given.

The statistics in Table V.20 Page 178 reflect the lectures given by the health education section.

COMMUNITY LIAISON SECTION

This section was established in July 1979 as an extension of the concept of Community Health Care.

"The basic function of a community liaison service is primarily to encourage community organisation and participation to promote social and cultural upliftment by the mobilisation of all community resources to meet the needs of urbanisation.

The duties of the Community Liaison officers were set out to liaise with:

1. public health nurses in connection with child care, family planning, care of the aged and mental health,

2. the health inspectors regarding environmental health,

3. housing managers regarding housing and community problems,

4. the health education officers regarding appropriate health education,

5. the various community groups within the housing estates and assessing the resources and requirements of these groups to achieve the desired level of physical and mental well-being that is practical in each community,

6. appropriate state and private organisations including churches, club organisations, sport bodies, cultural organisations, schools and the like to ascertain the services available, their conjoining actions and the possible elimination of overlapping,

7. youth and womens' groups and other clubs, arranging meetings and giving talks, holding discussions and the like and giving guidance to individuals and groups who wish to participate in service to their community".

The activities of this section were originally centred on Valhalla Park and Kalksteenfontein where many families had been re-settled from squatter camps.

Problems relating to the families living in the area were identified, persons willing to serve as volunteers in various club activites were contacted and with their assistance, programmes directed towards the needs of the aged, the infirm, housewives and the youth of the community were initiated on a self-help basis. The members of the various clubs were encouraged to take responsibility for all decisions taken.

Club activites were based on the community centre and co-ordinated by a committee representing the various groups using the centre. The committee arranged an evening programme of judo, weight lifting, social clubs and teenage activities. Various projects were developed, e.g. youth club meeting three afternoons per week, with activities such as ballroom dancing, modern jazz, modelling, a games afternoon and drum majorettes. The club also organised film shows and held disco dances.

The Seniors Club organised social functions, outings and made knitted articles, toys and handwork. Voluntary workers were recruited to assist at club meetings. They visited sick members and accompanied them to clinics. Close contact was made with principals, teachers and pupils of schools, to eliminate truancy and counselling was made available to pupils with unsatisfactory records. A soup kitchen was held during winter months. The community have planned and held an annual fair to fundraise for Christmas treats. This broad-based programme has been maintained and expanded. Family planning advisers have provided talks, films and counselling to teenagers and the womens' group about sexuality, responsibility, family relationships, budgeting, etc.

The Community Liaison staff have extended their services to the areas of Tafelsig and Beacon Valley of Mitchells Plain. Two information centres have been established, staff are available to advise the public. The problems may involve housing administration, marital and social problems, referrals are made to specialist welfare agencies and to the branch office of the Department of Health and Welfare.

The information centres are also used as the venue for new self-help groups that have been established. Seniors clubs, housewives groups and youth groups have been formed. Each club is encouraged to reach self-sufficiency and to be responsible for organising their own activities. Guest speakers are invited to give talks and demonstrations about a variety of subjects, e.g. accidents in the house; the use of soya products; planning inexpensive meals; garden topics.

Third year and Honours social work students from the University of Cape Town have completed assignments, supervised by the staff, to obtain practical experience in community work.

A co-ordinating committee of social workers from welfare organisations and health bodies and state officials from the Department of Health and Welfare, has been formed to act as a source of information to agencies and to provide co-ordination and co-operation among local organisation in Mitchell's Plain..

The Community Liaison section endeavours to break down the isolation experienced by new residents and to promote social and cultural cohesion.

SEXUALLY TRANSMITTED DISEASES (VENERAL DISEASES)

Accurate statistics of epidemiological trends are difficult to detect due to the fact that sexually transmitted diseases are not compulsory notifiable diseases and patients attend either private doctors, hospitals or local authority clinics for their investigation and treatment. Attendances at municipal clinics provide the only epidemiological records of these diseases in Cape Town and these attendances are presented below in order that their priority rating can be seen in the total community health care concept. It can be postulated that as the tip of the iceberg they represent about 20% of the total number of cases in the City.

Figure 5.5 NEW ATTENDANCES AT SEXUALLY TRANSMITTED DISEASES (STD) CLINICS BY DIAGNOSIS 1984 - 1985

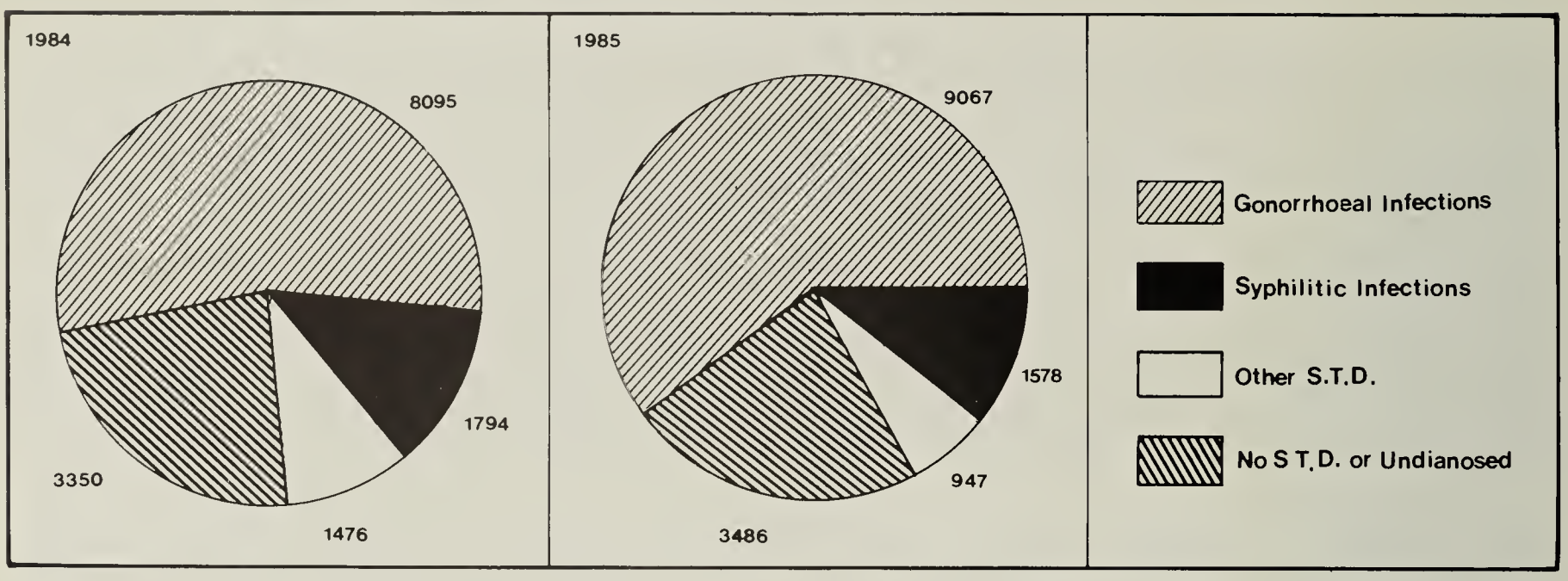


Figure 5.6A NUMBER OF NEW CASES OF SYPHILIS (INCLUDING REINFECTIONS) SEEN AT TREATMENT CLINICS IN MALES 1958 - 1985

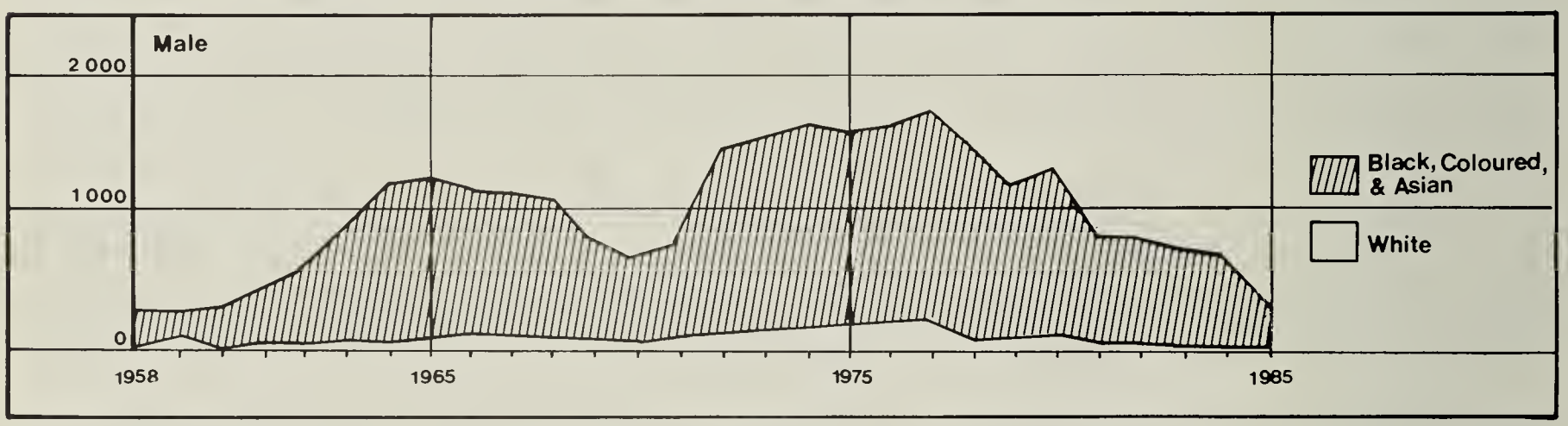


Figure 5.6B NUMBER OF NEW CASES OF SYPHILIS (INCLUDING REINFECTIONS) SEEN AT TREATMENT CLINICS IN FEMALES 1957 - 1985

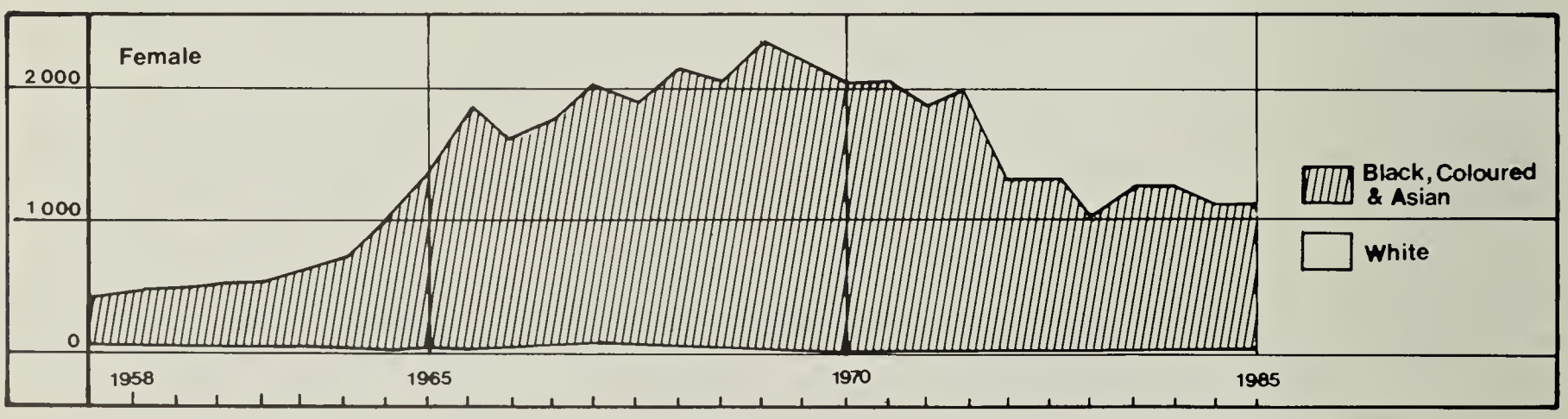


Figure 5.7

NEW CASES OF SYPHILIS
(INCLUDING REINFECTIONS)
BY FORM OF THE DISEASE
1984 - 1985

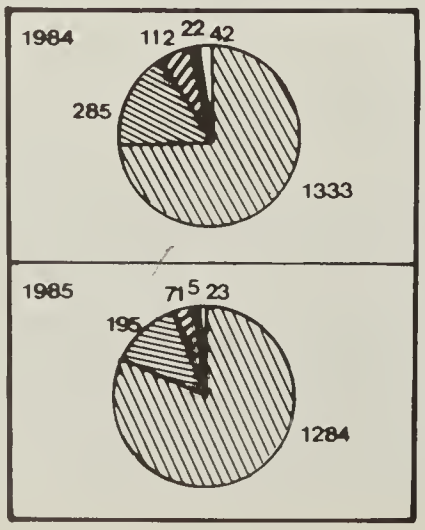
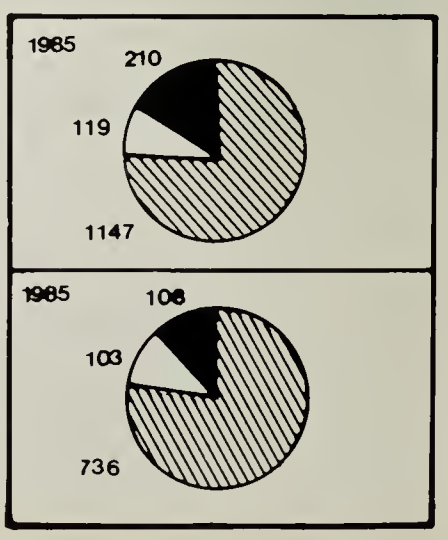


Figure 5.8

NEW CASES OF SEXUALLY TRANSMITTED DISEASE OTHER THAN SYPHILITIC OR GONORRHOEAL INFECTIONS (INCLUDING REINFECTIONS) BY THE DIAGNOSES 1984 - 1985



TRAINING IN S.T.D

The Sexually Transmitted Diseases Committee (Western Cape) formed in 1982 continues to meet quarterly. Representatives of this Committee are members from this Department, Divisional Council, State Health Department, Day Hospitals Organisation, University of Cape Town, Groote Schuur Hospital, Tygerberg Hospital, Stellenbosch Divisional Council and the Academy of Family Practice.

Considerable progress has been made to standardise investigation and treatment procedures of these diseases. Many problems in this field have been identified and solved and there exists a high standard of departmental inter-communication.

Health education of the public continues to be of prime importance.

MORBIDITY

The numbers of new cases seen during 1985 and the preceding year are detailed by race group, sex and diagnosis in Table V.21 Page 179. Trends over a series of years are indicated in Table V.22 Page 180 and occurrence in teenagers in Table V.23 Page 181. Summary data is contained in Table V.24 Page 181.

ALL FORMS OF SEXUALLY TRANSMITTED DISEASE

The number of new cases rose by 227 (2%) from 11 365 in 1984 to 11 592 in 1985 the incidence rate per 1 000 population remain the same at 11,7. White female new attendances rose from 24 to 25); and White male new attendances fell by 8,2% (from 170 to 156); Black/Coloured/Asian female new attendances rose 35,4% (from 2 005 to 2 714) and male fell by 5,1% (from 9 166 to 8 697). There were 504 new cases in teenagers in 1985, an increase of 65,2% over the 1984 figure of 305. The spectrum of pathology seen is illustrated in Figure 5.5.

SYPHILIS

There was a decrease of 12% (from 1 794 to 1 578) in the number of new cases of acquired syphilis in 1985 compared with 1984 (a decrease of 207 in other race groups and 9 for Whites). See Tables V.21, V.22, V.23 and V.25 Pages 179-182 and Figures 5.6 A and B and 5.7. Congenital syphilis cases numbered 22 in 1985.

GONORRHOEA

Gonorrhoea still remains one of the commonest sexually transmitted diseases and there was an increase of 12% (from 8 095 to 9 067) in the number of new cases of gonorrhoea in 1985 compared with 1984, (an increase of 967 for other race groups, and 5 for Whites). See Tables V.21, 22, 23 and 24 Pages 179-181. Penicillin remained effective in therapy.

Penicillinase producing resistant strains of Neisseria gonorrhoeae, although isolated in Southern Africa in 1977, fortunately have not until now become a very significant problem. About 10% of all Neisseria gonorrhoeae isolated in metropolitan areas in South Africa in 1985 produces betalactamase but in Cape Town approximately 2%.

OTHER VENEREAL DISEASES

There was a decrease of 35,8% (1 476 to 947) in the number of new cases of sexually transmitted diseases other than syphilis or gonorrhoea in 1985 compared with 1984 (a decrease of 520 in other race groups and a decrease of 9 for Whites). See Table V.21, 22, 23 Pages 179-181. The decrease was largely due to the fall in the number of cases of non-specific urethritis in all races groups (see Table V.25 Page 182). The spectrum of diseases seen is illustrated in Figure 5.8.

MORTALITY

Venereal diseases are not a significant cause of death (see Tables 111.25 Page 182). 9 deaths due to syphilis were recorded in 1985 compared with 6 in 1984. Of these deaths, 6 were due to congenital syphilis in infants under 1 year in 1985, while in 1984 there were five.

Free facilities for the diagnosis and treatment of sexually transmitted diseases were provided at 22 medical sessions per week held at 19 departmental clinics during 1985. The workload at the treatment clinics increased by 9,8% in 1985 compared with the previous year; new attendances increased by 2,5% from 14 715 to 15 078 (White new attendances fell by 7% from 333 to 310 and other races increased by 2,7% from 14 382 to 14 768) and total attendances increased from 31 240 to 34 300 (White total attendances fell by 5,5% from 852 to 805, while other races rose by 10,2% from 30 388 to 33,495).

Health education is given at clinic sessions and every effort is made to inform contacts of the need for investigation. In 1985 only 720 admitted contacts responded in contrast to the total of 11 592 new cases registered (comparable figures in the previous year were 336 and 11 365). Patient compliance is a most important subject and every attempt is made to simplify and shorten medical regimes to ensure a high cure rate.

HERPES GENITALIS

Numerous reports on this condition have continued to appear in the medical literature and news media but as herpes is not a notifiable disease accurate South African statistics are not available.

However, this department commenced (in October 1982) to record all cases who attend municipal clinics and found to be suffering from herpes genitalis, in order to get some idea of its prevalence in the municipal area; 159 new cases were seen during 1985, compared with 256 new cases in 1984.

Langa and Guguletu: Attendances at these clinics are detailed in Table V.26 Page 182. Many residents of these areas also attend at the Spencer Road clinic on Saturday mornings.

AUTO-IMMUNE DEFICIENCY DISEASE (A I D S)

AIDS is not by statute notifiable but I am aware that a small number of cases have been reported in the metropolitan area. Two deaths were notified in 1985.

A Contingency Planning Committee to deal with patients who have contracted AIDS was formed in the Western Cape Health Region during the current year. My department is represented on this committee and any patient presenting at a municipal clinic who is either suspected of having the condition or is genuinely worried at the possibility, is referred for investigation.

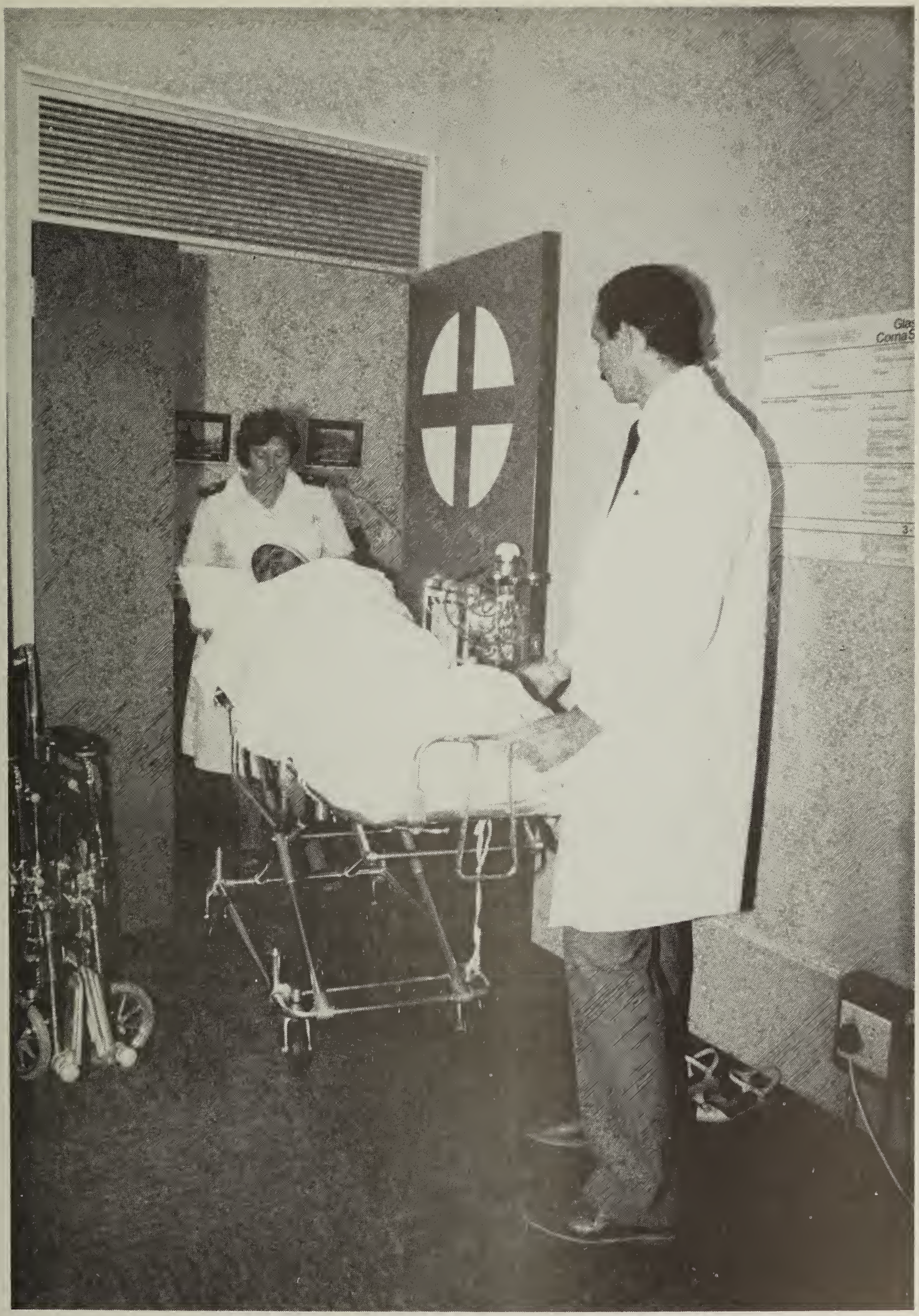
The fundamentals for the control of sexually transmitted diseases are thorough clinical evaluation, laboratory investigation, effective treatment and follow-up, health education and the tracing of contacts.

My department attempts to implement all these factors.

MEDICAL EMERGENCY SERVICE - CIVIC CENTRE

A Medical Emergency Service under the direction of the Medical Officer of Health was commenced in June 1982 at the Civic Centre to provide medical emergency help for councillors, staff and members of the public visiting the Civic Centre, in the event of sudden illness or other emergency. This service will also provide for the primary treatment of minor ailments or injuries suffered by members of the staff in order to reduce unnecessary absenteeism.

The emergency system provides coverage both during and after normal working hours. During working hours, under properly co-ordinated circumstances, a qualified medical and nursing team can be at any part of the building within five to seven minutes of receiving an emergency call. However, in the case of cardiac arrest, there is only four minutes available before brain death occurs. Therefore, we will continue to



EMERGENCY SERVICE CIVIC CENTRE

have First Aiders on all floors and they will receive training in cardiopulmonary resuscitation, which could be life-saving.

A fully equipped emergency room (Room No. G/037) has been established in the present Medical Examination Centre on the ground floor of the Podium block. It can be approached by the entrance on Hertzog Boulevard, or under cover, via the parking area on the ground floor. All staff members should make themselves familiar with its whereabouts.

For the primary purpose of cover after hours, a second emergency room has been established adjacent to the Council Chamber on the 5th floor of the Podium block (Room No. 059196) and this will also be available during normal working hours to councillors, visitors and staff working in that part of the building. Keys to this room will be held by the Mayor's staff and the Security branch.

Medical coverage, after normal working hours, will be provided by paramedics, on 4 minutes call from the Central Fire Station.

Medical "Emergency" signs setting out the procedures to be adopted for both "walking" and "serious" cases have been placed at strategic points throughout the Civic Centre, and if all staff will follow the simple instructions, in the event of sudden illness or other emergency, medical attention will be forthcoming within minutes.

During 1985, 40 stretcher cases and 552 walking cases were successfully dealt with.

VI NOTIFIABLE CONDITIONS

As from 24 August 1979, No. R1802 (Government Gazette No. 6628) amended the list of notifiable conditions and is reproduced in Table VI.1 Page 183.

No cases of anthrax, cholera, brucellosis, leprosy, any haemorrhagic fever of Africa, leptospirosis, plague, psittacosis, rabies, tetanus, trypanosomiasis, smallpox, toxoplasmosis, trachoma, typhus or yellow fever were notified as having occurred in municipal residents during 1985.

Those cases of notifiable disease which were notified during the year are detailed according to race in Table VI.2 Page 184 and are ranked in order of the highest incidence thus: tuberculosis, measles, primary malignancy of bronchus, lungs and pleura, viral hepatitis, cerebrospinal fever, whooping cough, poliomyelitis, typhoid fever, malaria, lead poisoning, insecticidal poisoning and diphtheria.

Notifications are analysed as regards the month notification was received, and the age of cases in Tables VI.22 and VI.23 Pages 193, 194.

The 458 deaths due to notifiable diseases which were registered during 1985 included 272 due to primary malignancy of bronchus, lungs and pleura, 158 due to tuberculosis (all forms), 18 due to measles, 7 due to cerebrospinal fever, and 3 due to viral hepatitis. In 1984, 455 such deaths were registered including 272 due to primary malignancy of bronchus, lungs and pleura, 165 due to tuberculosis (all forms), 9 due to cerebrospinal fever, 6 due to measles, and 3 due to viral hepatitis.

It is difficult to gauge the amount of morbidity occasioned by conditions which are not notifiable in terms of the Health Act. Influenza, bronchitis and pneumonia (ICD codes 466, 480-486, 490 and 491); and diarrhoeal disease (ICD code 555, 558, 004, 006-009) cause a significant amount of illness in Cape Town. Discussion on influenza and pneumonia mortality (page 29); and diarrhoeal disease mortality (page 29) supports the contention that these remain important conditions locally.

Langa and Guguletu: Cases of notifiable disease are listed in Table VI.2 Page 184. Apart from 96 cases of tuberculosis, 16 of measles, 1 due to viral hepatitis and 1 due to primary malignancy of bronchus, lungs and pleura, all the other 2 034 black cases of notifiable disease resided in either Langa or Guguletu.

TUBERCULOSIS (T B)

Tuberculosis remains the greatest single communicable disease problem in Cape Town; it affects mainly the underprivileged and, despite major effort at control, will remain a problem so long as sections of the Cape Town population remain exposed to infection and to the effects of malnutrition, overcrowding, ignorance, cultural apathy and general socio-economic deprivation. As well as the cost to the patient and his family, both financially and in terms of personal suffering, the costs of the failure to prevent tuberculosis weigh heavily upon tax and ratepayers and justify continually growing expenditure on preventive measures. The amount of ill health due to tuberculosis in Cape Town is gauged by means of the notification of cases of the disease under the Health Act and is discussed below in terms of morbidity data. Other subsections dealing with mortality due to tuberculosis and with prevention follow.

In discussing the problem of pulmonary tuberculosis as distinct from other forms of the disease it is necessary to refer to all cases infected via, and with the potential to spread the disease by, the pulmonary route. As is noted in the definitions this means that cases notified on the basis of having 'Mediastinal glandular enlargement on x-ray' must be included as pulmonary cases; this had not been so prior to 1976 when such cases were classified as 'other forms - glands'. In the local situation, where

bovine tuberculosis is extremely rare, recent conversion to a state of tuberculin positivity is indicative of infection via the pulmonary route (unless the person in fact has been given BCG) and thus cognisance was previously taken of tuberculin positive reactors under the age of five years who have not had BCG, when describing the problem of pulmonary tuberculosis; such cases were included in the pulmonary tuberculosis group from 1976 to 1979, but were not so included in previous or subsequent years owing to the changed notifiable disease regulation of 1979.

MORBIDITY DUE TO TUBERCULOSIS

The amount of ill health due to tuberculosis is gauged by study of the notifications thereof made under the Health Act. The sheer number of such notifications indicates the sum total of individual suffering and the load placed on health resources; the incidence and prevalence rates usually reflect the similarities or differences in the occurrence of tuberculosis in different population groups or in the same group over different time periods (although it may reflect the case-finding ability of the health service and changed criteria may make comparisons difficult). The importance of notification cannot be over-emphasised but the validity of data based thereon is nevertheless somewhat impaired by under-reporting and incidence rates based thereon do not indicate the number of new cases by time of onset of infection or disease but only by the time of diagnosis thereof.

A study of the pattern of occurrence of tuberculosis by age, race, sex and corrected diagnosis was published in the 1977 Annual report.

ALL FORMS OF TUBERCULOSIS

Notifications received during the year (Table VI.3 and VI.4 Pages 184, 185) showed an increase, for local cases, from 3 393 in 1984 to 3 486 in 1985, but a decrease for imported cases from 663 to 339. There were also 122 cases notified from out of city areas in 1985 compared with 58 in 1984.

Figure 6.1 shows black and coloured notifications by year of age of the patient, there are peaks at 1 year of age in both groups. Tables VI.5 and VI.6 Pages 185, 186 show some estimations of the age-specific incidence rates.

Langa and Guguletu: It is to be noted that some coloured patients may give a Langa or Guguletu address. These cases are not included when calculating incidence rates etc. which have been compiled for black Langa and Guguletu inhabitants only. (See Table VI.4 Page 185). Of the total of 3 825 Cape Town notifications, 17,3% were Langa and 29,6% Guguletu residents i.e. 46,9% of all the new cases notified in this city came from Langa or Guguletu. However, of this total of 3 825 cases some 339 were residents of less than six months standing, i.e. were presumed to have been infected outside the municipal area. 38,3% of these 'imported' cases were found in Langa, 35,4% in Guguletu and 26,3% in the rest of the city (21 blacks; 3 whites; and 65 coloureds).

PULMONARY TUBERCULOSIS (PTB)

The number of pulmonary forms notified for local and imported cases rose from 3 278 in 1984 to 3 378 in 1985 (See Table VI.7 Page 186). The differences between race groups remained striking, notifications of pulmonary tuberculosis per 1 000 population in 1985 for asians were 0,49; whites 0,23; coloured 3,18 and for blacks 13,48. Age-group distribution of notified cases is shown in Figure 6.2.

Langa and Guguletu: pulmonary tuberculosis is of particular importance as it is infectious. Table VI.7 Page 186 reveals that the inhabitants of Langa were the most severely affected, with 25,88 notifications per 1 000 population in 1985.

OTHER FORMS

Details of the forms involved are given in Table V1.8 Page 187 and notification rates are detailed for 1985 and the previous four years in Table V1.5 Page 185.

Figure 6.1 AGE AT NOTIFICATION OF ALL FORMS OF TUBERCULOSIS IN COLOURED AND BLACK CHILDREN UNDER 15 YEARS OF AGE : LOCAL AND IMPORTED CASES : 1985

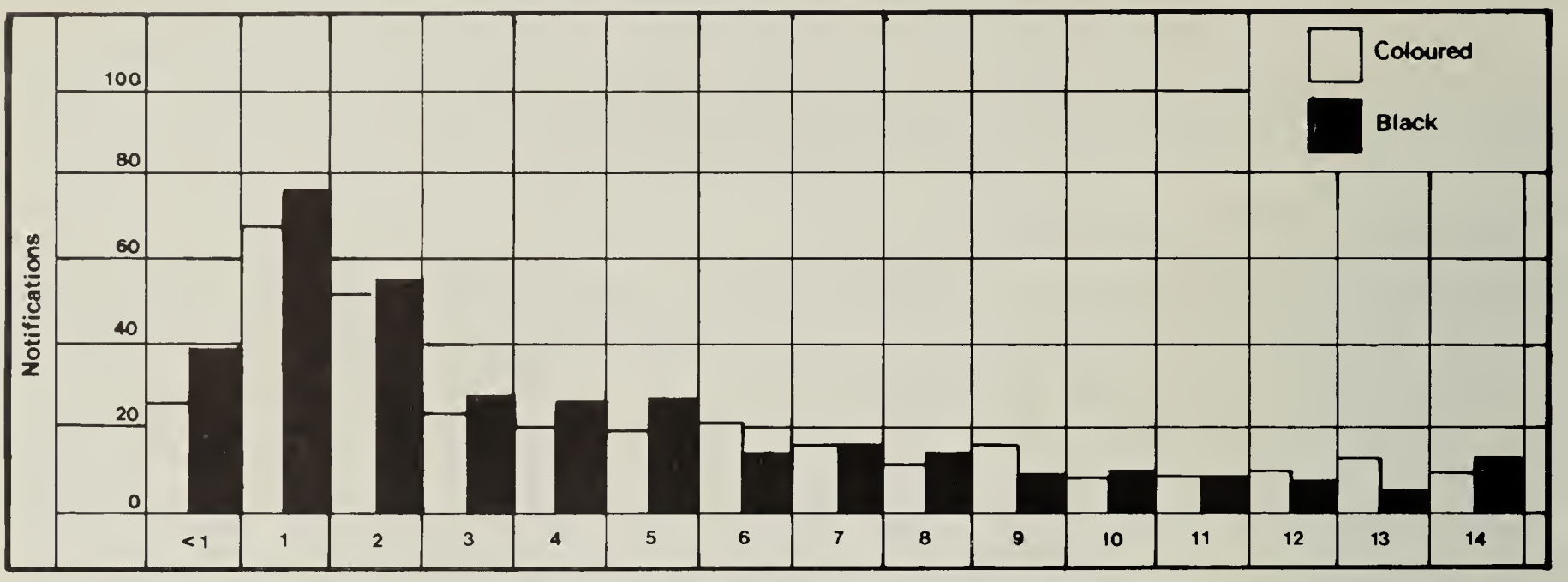


Figure 6.2 LOCAL AND IMPORTED NOTIFICATIONS OF PULMONARY TUBERCULOSIS BY RACE AND AGE GROUP : 1985

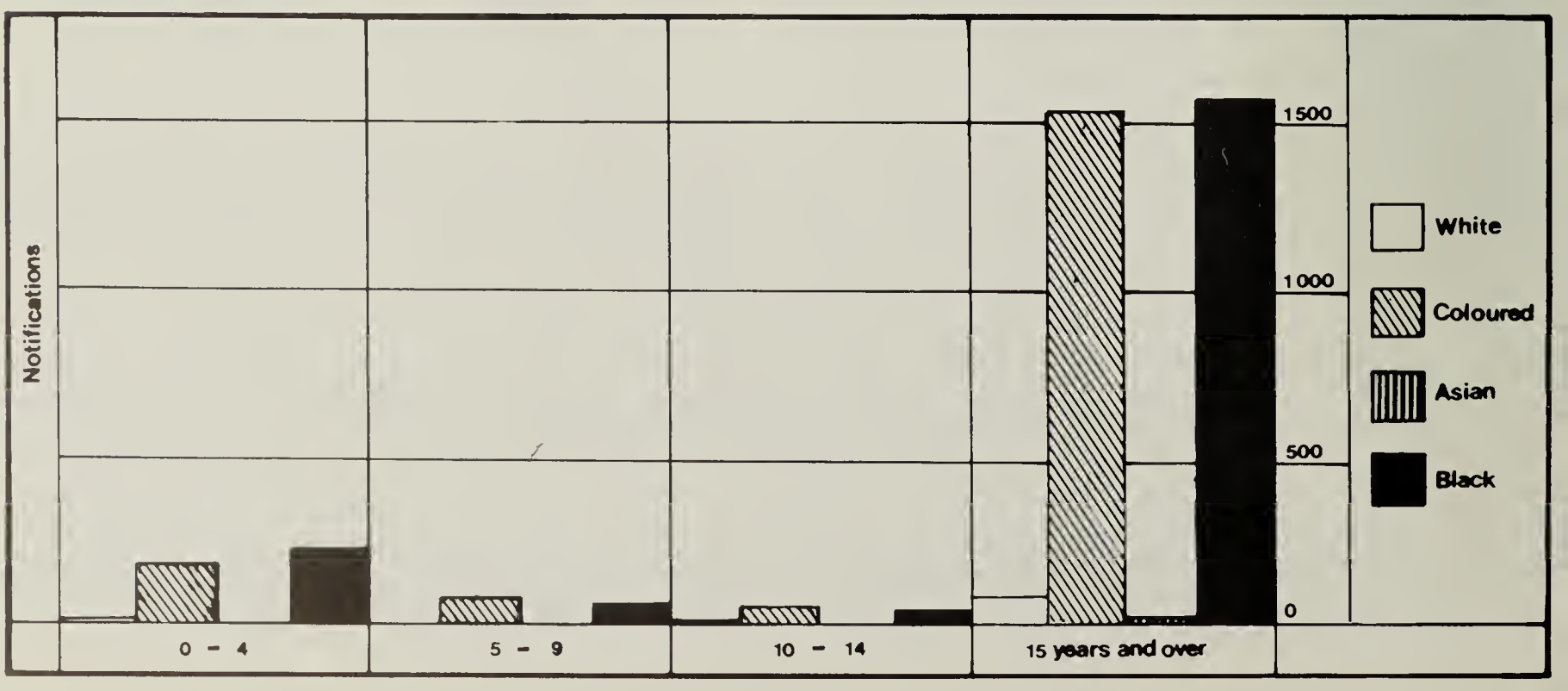
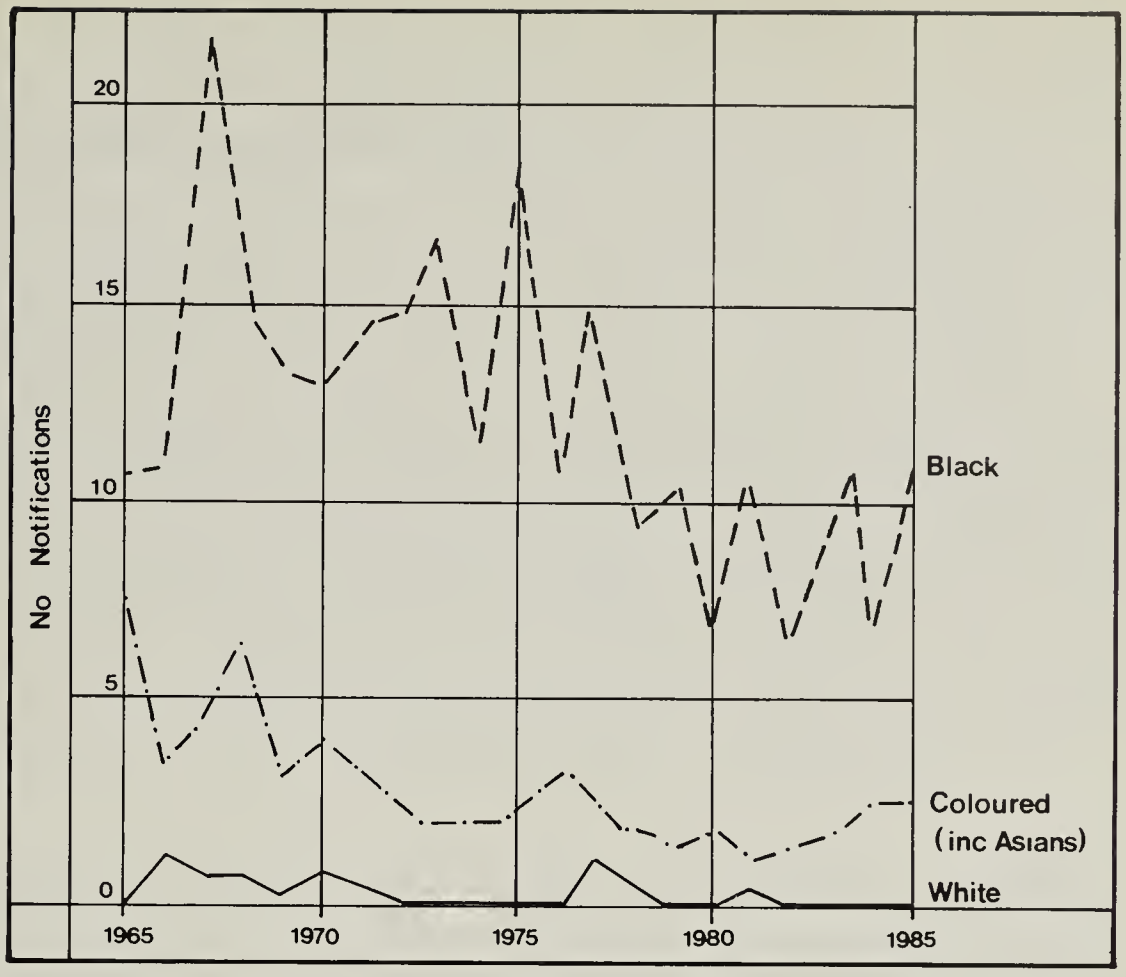


Figure 6.3 NOTIFICATION RATES PER 100 000 POPULATION OF TUBERCULOUS MENINGITIS BY RACE : 1965 – 1985



TUBERCULOUS MENINGITIS (TBM) : A decreased incidence of this condition is said to be one of the major benefits of BCG immunization and to reflect adequate control measures against tuberculosis. As will be seen from Figure 6.3 Table VI.12 Page 188 the incidence rates per 100 000 population since 1964 for whites have been very low. In coloureds much progress has been made. In blacks the disease has not been well controlled but the main reasons (high exposure to infection, very poor socio-economic circumstances and logistic difficulties in tracking down new births when the mothers are often 'illegally' present) are not easy to tackle.

Langa and Guguletu: Table VI.12 Page 188 indicates the notifications and deaths and the respective rates per 100 000 population for the various race groups over the past ten years as regards tuberculous meningitis. The incidence in blacks remains unacceptably high. For 1985, the 14 local cases notified in blacks came from Langa (9) and Guguletu (5).

MORTALITY DUE TO TUBERCULOSIS

In general, Mortality due to tuberculosis remained low but it remains a major cause of death in blacks and to a lesser extent in coloureds. (See Figures 3.8 and 3.9). The death rates quoted below are the number of deaths due to tuberculosis registered during 1985 per 1 000 of the population indicated. The Mortality of tuberculosis does not reflect the fate of new cases in any year but rather the terminal stage of infections which could have occurred at any time in the past. It thus reflects past, as well as current, failure to prevent, treat and cure.

ALL FORMS

The death rates due to all forms of tuberculosis combined are summarised in Table VI.9 Page 187 which shows a slow downward trend in the death rate for the population as a whole.

Langa and Guguletu: In Langa the 30 deaths represent a death rate of 122,45 per 100 000 population per year. In Guguletu the 56 deaths represent a death rate of 62,93 per 100 000 population per year. There was 5 black deaths due to tuberculous meningitis in 1985.

PULMONARY TUBERCULOSIS

The numbers of deaths and death rates are detailed in Table VI.10 Page 187 for 1985

and the preceding year. Coloured deaths increased from 63 to 66; blacks decreased from 85 to 83; and whites from 10 to 3.

The death rates due to pulmonary tuberculosis are shown in Table VI.11 Page 188.

OTHER FORMS OF TUBERCULOSIS

The number of deaths due to various forms of tuberculosis other than PTB are detailed in Table VI.8 Page 187 for 1985 - it will be seen that tuberculous meningitis is the only other significant cause of death and the number of deaths and death rates due to these deaths are detailed in Table VI.12 Page 188 for 1962 to 1985. In blacks the 1985 death rate per 100 000 population of 3,67 was lower than the ten year average of 3,89 (1976 to 1985), for coloureds there were no deaths and the ten year average of 0,49, in whites there were no deaths. Deaths due to TB other than PTB but including TBM are given for 1981 to 1985 in Table VI.11 Page 188.

PREVENTION OF TUBERCULOSIS IN CAPE TOWN

PRIMARY PREVENTION

Nutrition education and general health education regarding the disease are important general measures taken. The infectious pool is continually being renewed by the migrant labour force entering Cape Town from the Homelands and without the abolition of the migrant labour system it is difficult to envisage how this situation can be improved. Until the socio-economic status of the depressed classes of Cape Town society is improved, particularly in respect of housing and nutrition, concerned health officials must continue to strive to secure such relief. Specific protection of up to 80% of previously unexposed persons can theoretically be obtained by means of immunization with BCG vaccine (Bacille Calmette - Guérain) and this is offered free in terms of the compulsory regulations mentioned on page 79. In 1985, 25 713 school children, 8 451 pre-school children, and 5 860 others were given such protection as part of the mass immunization programme.

Langa and Guguletu: In 1985, 1 393 BCG vaccinations were carried out in Langa and Guguletu.

SECONDARY PREVENTION

DIAGNOSIS: Efforts to diagnose cases of tuberculosis as early as possible are directed mainly at those groups in the community most likely to be affected, namely those who have been in contact with known cases and those who have suspicious symptoms. In addition some mass screening for tuberculosis was performed. Suspects are referred to the City Health Department by many different health services, private and public. The fate of persons attending City Council clinics as suspects is detailed in Table VI.13 Page 189, 18% of all such suspects were notified after investigation. Contacts comprise the most important high risk group to be investigated and in 1985 there were 10 024 such contacts investigated at City Council clinics of whom 3% were later notified as cases of tuberculosis. Staff in contact with cases of active tuberculosis are subject to regular routine screening. Mass x-ray screening facilities continued to be offered at the Chapel Street Clinic as a free service to Municipal residents and at Langa as a free pre-employment screening service operated on behalf of the Western Cape Development Board. However, in line with modern practice, routine annual screening for all is no longer encouraged but emphasis is now placed on pre-employment screening and checks on high-risk groups. The work done at Chapel Street is summarised in Table VI.14 and VI.15 Page 189 and at Langa in Table VI.16 Page 190. Although the casefinding yield per hundred thousand x-rays is relatively small, 2% of all notified cases were discovered in 1985 by this means. Out of a total of 17 088 examinations at Chapel Street, 53 cases of active pulmonary tuberculosis were discovered, however 18 were previously known which leaves a 'new case' discovery rate of 35/17088 examinations or 0,2%. These notifications accounted for 0,92% of all (local and imported) notifications received during the year.

Langa and Guguletu: Of all 8 641 persons screened only 0,38% were discovered to be

new cases of pulmonary tuberculosis in 1985 (contributing 0,86% of the total local and imported notifications). A further 0,24% were previously known cases. 180 persons were recalled because of the need for further examination.

TREATMENT: Short course chemotherapy was introduced in March 1982 with the first-line treatment of choice being 6 monthos Isoniazid, Rifampicin and Streptomycin with 2-6 months of Pyrazinamide. For cases unable to attend for injections, Ethambutol was substituted for Streptomycin.

As reported in 1983, a review of the records of 609 patients who should have completed their course of treatment by November 1982 revealed that 53% had been timeously cured but that some 33% had attendance records below the accepted limits of 75% and could be regarded as failures due to non-compliance. Some of the latter group will no doubt still be cured but it is true that the factors influencing non-compliance are VERY DIFFICULT to control in an out-patient situation. The old Public Health Act made provision for the compulsory hospitalisation of patients but this is no longer feasible. Apart from the 20 221 visits made by the public health nurse for tuberculosis, a further 4 472 default letters were sent to patients for non-attendance.

Hospital admission is usually restricted to cases where the patient: (a) has moderately severe symptomatology (high fever, severe weight loss and weakness, haemoptysis) which require a period of bed rest, provided that the patient himself agrees that he feels the need for rest, (b) has an associated condition which would be better treated in a hospital, especially if this constitutes an adverse aetiological factor in the causation of tuberculosis, (c) has no source of income, no family or friends to care for him and/or no roof to sleep under. Steps to correct such a state of affairs must be set in motion at once (see TERTIARY PREVENTION and social aid below). (d) Is sputum positive and by virtue of occupation or domicile (e.g. resident master at school, nursemaid living-in etc.) would otherwise be placed in close contact with susceptible persons. (This does not apply to persons diagnosed as being sputum positive who continue to live in accommodation occupied by friends or family who have in any event been exposed to infection up until the time of diagnosis).

It is usually desirable to complete a course of therapy in hospital once started there, regretably, the shortage of beds only allows for an average stay of less than two months. During the past decade, four tuberculosis hospitals or hostels have been closed locally (the Stals Hospital, D.P. Marais Santa settlement, the City Hospital and the F.O.S.A. centre) and it is disturbing to note the association of the loss of over 1 000 beds with the unexpected increase in notification of pulmonary tuberculosis (see Figure 6.4).

Every possible step to retain the patient as a functioning member of society needs to be taken and it will be seen from Table VI.17 Page 190 that in 1985 of the 3 378 residents notified as having pulmonary tuberculosis only 787 (23,30%) were admitted to hospitals for commencement of therapy. Of the 329 notified persons here for less than six months, only 76 (23,1%) were so admitted. Out-patient therapy was offered to the remainder. Considerable support is needed from the clinic staff to ensure that continuation of therapy is made as simple, easy and pleasant as possible for the patient.

Langa and Guguletu: 30,9% of Langa and 25,9% of Guguletu local cases were admitted to hospital. 2,72% of Langa and 1,98% of Guguletu cases died before treatment could be initiated. 63,88% of Langa and 67,76% Guguletu cases were started on out-patient treatment from the beginning. 6,8% Langa and 7,4% Guguletu cases were lost after diagnosis and not treated.

During 1985 out-patient clinics were held at 18 different centres (see Table VI.18 Page 191 which details new consultations and total attendances thereat) the number of new consultations at the clinics was, at 19 958, 2 351 (10,5%) lower than the previous year, while the total attendances were some 12,5% lower at 75 785 compared with 86 619. The total number of sessions held (see Table VI.18 Page 191) decreased from 1 324 in 1984 to 1 296 in 1985. (The average number of persons attending per session was 69,7 in 1978, 70,1 in 1979, 65,9 in 1980, 53,9 in 1981, 65,6 in 1982, 69,2 in

Figure 6.4 TOTAL LOCAL AND IMPORTED NOTIFICATIONS OF PULMONARY TUBERCULOSIS : CITY OF CAPE TOWN 1974 – 1985

1983, 65,4 in 1985 and 58,5 in 1985). The spectrum of cases attending for the first time is detailed in Table VI.13 Page 189 and the x-ray workload at the clinics in Table VI.19 Page 192. The place of care of all the new notifications made in 1985 and the reasons why any did not attend the clinics, are detailed in Table VI.20. Page 192.

In respect of local cases:-

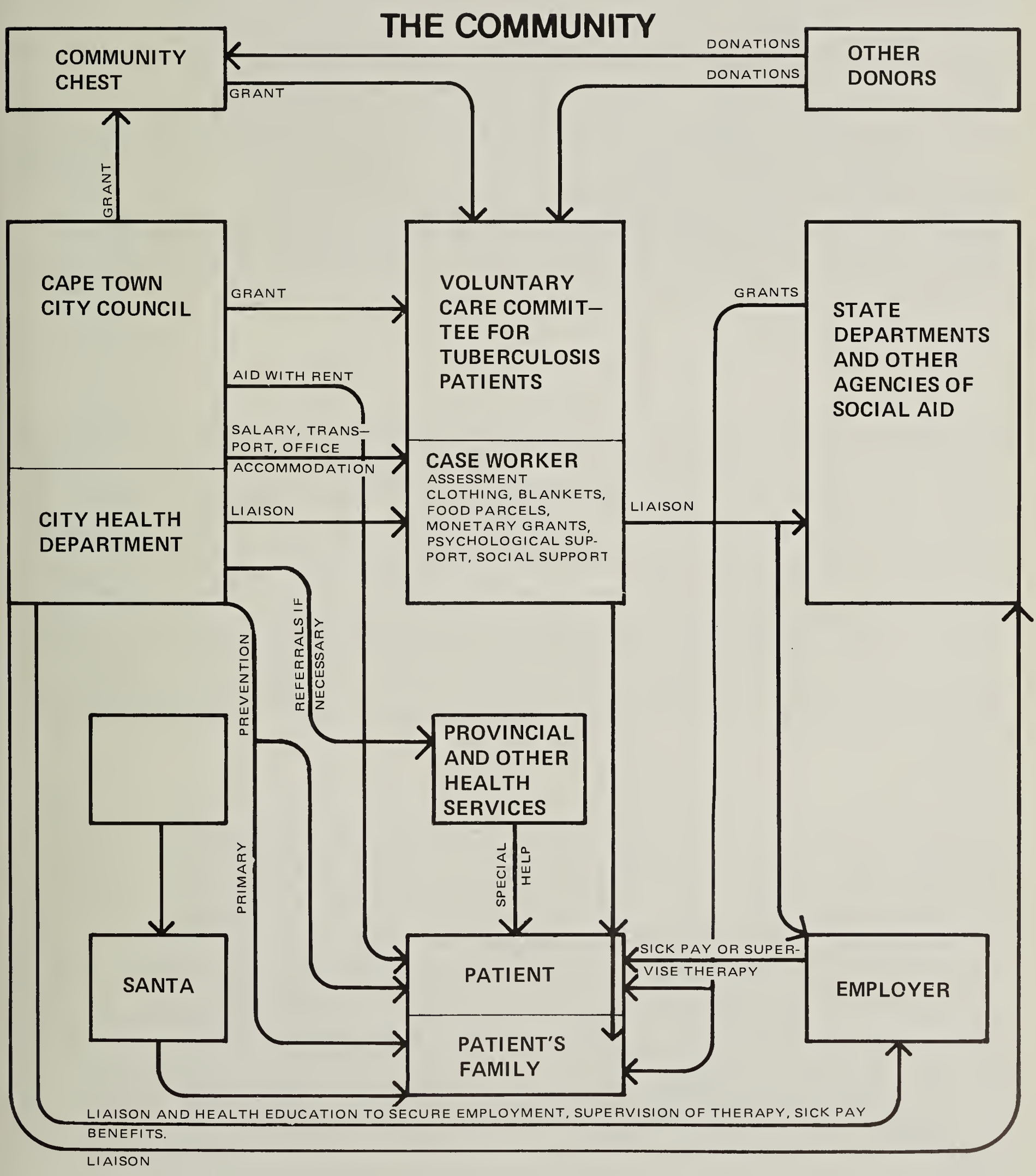
It was disturbing to note the large number of persons who were dead on notification - 80 as compared with 91 in 1984, 55 in 1983, 52 in 1982, 51 in 1981, 32 in 1980, 45 in 1979, 24 in 1978, 68 in 1977, 71 in 1976, 52 in 1975, 15 in 1974, 43 in 1973 and 12 in 1972. Also disturbing was the refusal of 6 persons to attend the clinic for treatment - compulsion in such cases is hardly likely to be successful when the success of treatment depends so much on patient co-operation. The most disturbing feature of all was the fate of 126 persons notified but who were untraceable or who decamped upon being notified. This problem applied to 5,4% of the notifications of persons giving a Guguletu address, 4,9% giving a Langa address and 1,55% of persons giving another Cape Town address.

The problem at Langa is that most of the missing notified cases were persons whose disease was discovered by mass x-rays of a 'pre-employment' nature. These persons very often have no accurate address.

TERTIARY PREVENTION

THE PROLONGATION OF MEANINGFUL LIFE: Fortunately tuberculosis is highly amenable to therapy, with the exception of tuberculous meningitis which has a high mortality.

Figure 6.5 MOBILISATION OF COMMUNITY RESOURCES IN THE TERTIARY PREVENTION OF TUBERCULOSIS



Nevertheless tuberculosis does still result in a number of persons becoming severely handicapped in later life - either as respiratory cripples due to gross pulmonary infection or as decerebrate paralytics, paraplegics, etc., following meningitis. The cost to the individual and his family in terms of human suffering and to the community in terms of hospital costs is not inconsiderable. Mortality from tuberculosis is dealt with elsewhere in this report (Page 91).

TO PROVIDE SUPPORT IN STRESS TO THE PATIENT AND HIS FAMILY AND TO MOBILISE COMMUNITY RESOURCES TO THIS END : While the City Council and its Health Department, refunded for its costs in part by the central government, plays the major role in providing medical care for the patient, this Department concerns itself with the family of the patient as well and also mobilises other community agencies to assist patient and family in non-medical fields of need. (see Figure 6.5). During 1985 the Care Committee for tuberculosis patients - a voluntary lay charitable body supported by the Community Chest and of which the Medical Officer of Health is chairman - assisted 583 families and the work done is summarised in Table V1.21 Page 192. The SANTA operated creché continue to cater for 55 children.

REHABILITATION OF THE PATIENT IN THE COMMUNITY : This aspect of tertiary prevention commences from the moment of notification as strenuous efforts are made to avoid hospitalisation and loss of employment.

CEREBROSPINAL FEVER

PRIORITY RATING

There was an increase (by 17,2%) in the number of cases of this disease in 1985 (see Figure 6.6 and Table VI.25 Page 196). There were 75 cases amongst municipal residents (compared with 64 in the previous year) being 3 white, 61 coloured, and 11 black persons (compared with 1 white, 53 coloured, and 10 black persons in 1984). The incidence rate per 100 000 population per year rose from 1984 to 1985 in coloureds (from 10 to 10,8); in blacks from (8 to 8,1); and in whites (from 0,37 to 1,1). There were 7 deaths in 1985 (compared with 9 in 1984). This represents a decrease in death rate per 100 000 population per year from 0,93 to 0,71 and in the mortality of notified cases from 14,06% to 9,33%. These morbidity and mortality figures indicate a continued high priority rating for control of this condition. The seasonal variation in notifications of Cerebrospinal Fever is demonstrated in Table VI.25 Page 196 and Figure 6.7. Nearly 66% of the number of cases from 1981 - 1985 occurred in the half year June to November, co-inciding with the cooler wetter months, and the same pattern was seen in 1984 (64%).

PREVENTION

Overcrowding, especially in colder weather, is unavoidable for large sections of the Community under present housing circumstances. Improved housing standards, unattainably high in the present crisis, are essential to reduce morbidity and mortality from this disease. An urgent plea is made for the acceptance of the basic formula of: (a) Core Housing; (b) Security of tenure and (c) Provision of essential services in suitable areas. Specific measures to prevent the disease developing in the general Community are difficult to apply. Chemotherapeutic prophylaxis is employed promptly and intensively by the City Health Department to protect contacts of notified cases. Liaison with the State Health Laboratory is necessary to detect sulphonamide resistant strains. Careful search for additional cases is made amongst contacts of notified cases and health education employed to ensure early reporting of any malaise. The institution of prompt and effective therapy is vital to prevent a high mortality, 23 of the Municipal cases were treated at General Hospitals for the whole of their illness (usually because they were too ill to be moved) while 52 were admitted to the City Hospital.

MEASLES

PRIORITY RATING

Measles was made notifiable on 24 August 1979. The 306 cases reported include 186

Figure 6.6 NOTIFICATION RATES OF CEREBROSPINAL FEVER BY RACE : 1962 – 1985

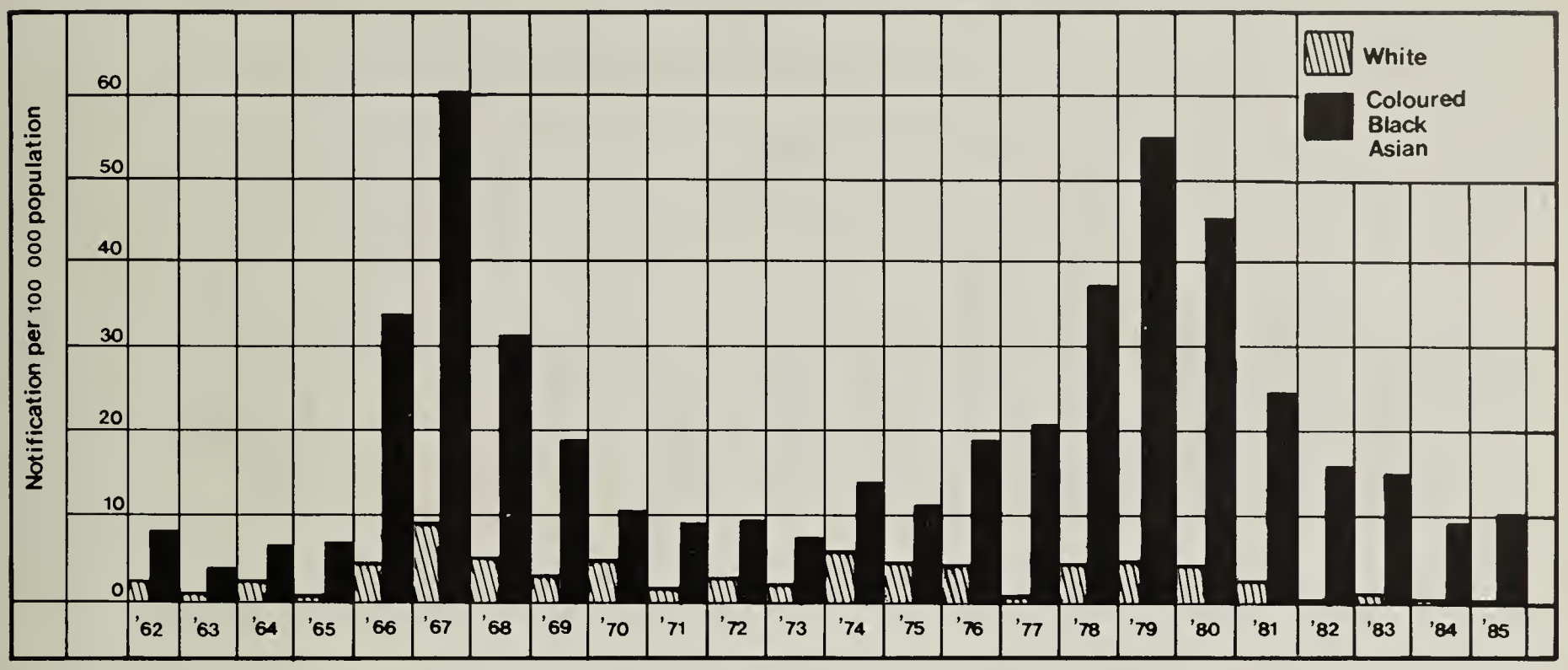


Figure 6.7 NOTIFICATION OF CEREBROSPINAL FEVER FOR THE YEARS 1963 –1985

Figure 6.8 MEASLES NOTIFICATIONS BY RACE AND MONTH 1985

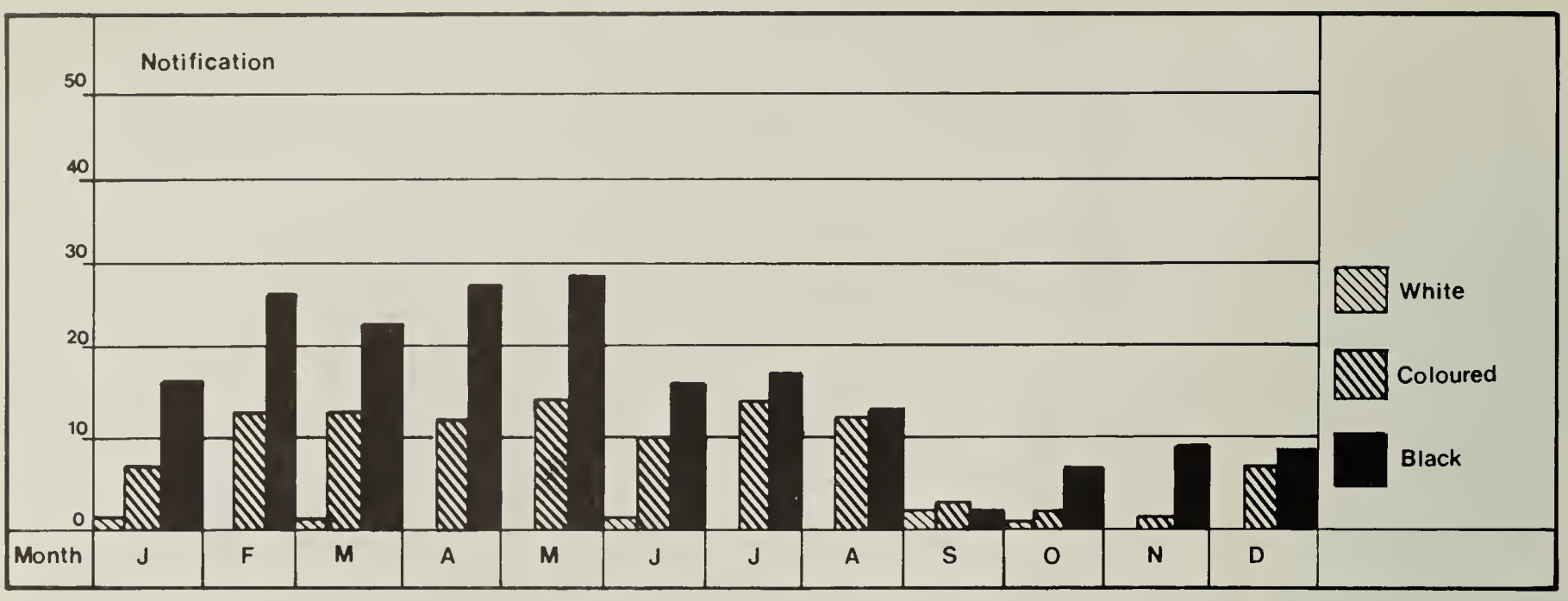


Figure 6.9 NOTIFICATIONS OF WHITE, COLOURED AND BLACK WITH MEASLES BY SEX AND AGE GROUPS 1985

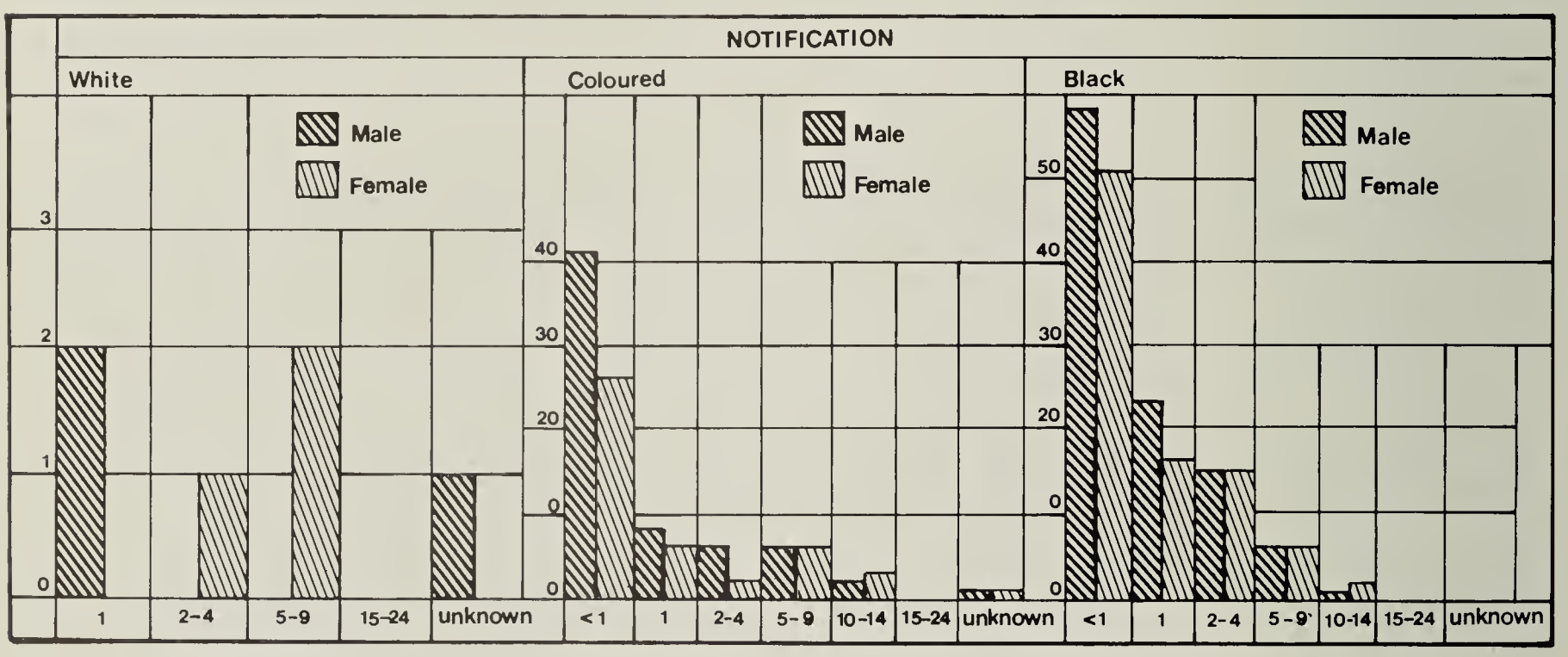


Figure 6.10 – MEASLES CASES ADMITTED TO CITY HOSPITAL BY MONTH OF ADMISSION: 1974-1985
--- NUMBER OF MUNICIPAL MEASLES VACCINEES: 1974-1985

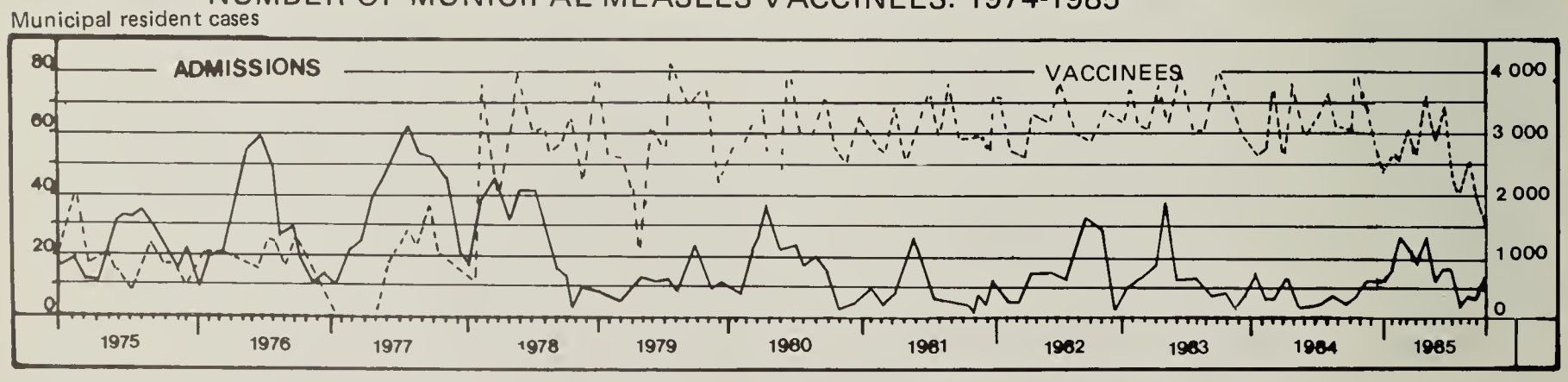
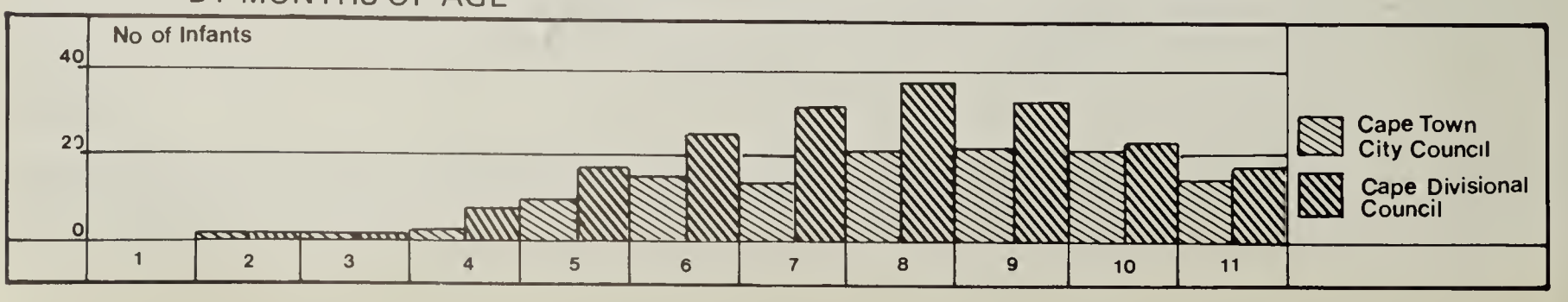


Figure 6.11 MEASLES ADMISSIONS FROM CAPE TOWN CITY AND DIVISIONAL COUNCIL AREAS TO THE CITY HOSPITAL IN 1985 – INFANTS UNDER THE AGE OF ONE BY MONTHS OF AGE



City Hospital and 7 General Hospital admissions during 1985. This condition ranked as the second most common notifiable condition in 1985. Unlike Cerebrospinal fever where coloured cases far outnumbered blacks, measles was reported more often in blacks (192 cases) than in coloureds (108 cases), or whites (6 cases).

There was an increase (by 100%) in the number of admissions amongst municipal residents to City Hospital (186 cases) compared with 93 in 1984. The seasonal and age variation in notification of Measles is demonstrated in Tables VI.22, VI.23 Pages 193, 194 and Figures 6.8 and 6.9.

The seasonal pattern of admissions is illustrated in Figure 6.10, 49,5% (38,6% in 1984) being admitted in the 6 months, April to September. Measles admissions aged less than 1 year are illustrated in Figure 6.11 which shows that 23,5% of municipal cases were admitted before the age of 7 months (the age for immunization for 'at risk' children).

PREVENTION

A continuous intensive immunization programme is being employed (see page 79).

VIRAL HEPATITIS

PRIORITY RATING

This disease has been notifiable since 1969-05-30 but it is suspected that many cases are not notified. The incidence and mortality since 1975 is detailed in Table VI.24 Page 195 and Figure 6.12. In terms of morbidity and mortality, viral hepatitis ranked fourth in importance amongst the notifiable diseases in Cape Town in 1985. There were 229 cases compared with 251 in 1984. Of these cases 74 were of Hepatitis A (22 white, 49 coloured, 2 asian, 1 black) and 43 of Hepatitis B (17 white, 16 coloured, 10 black) and 112 unspecified or non A or B (18 white, 86 coloured, and 8 black). Incidence rates per 100 000 population increased for whites (from 20 to 20,8), and decreased for blacks (from 19 to 14) and coloured (from 31 to 26,7). There were 3 deaths, each due to Viral hepatitis in 1985 and in 1984 (see Table VI.24 Page 195. Since 1976 there have been a total of 1 698 (360 white and 1 338 coloured, black or asian) cases notified of whom 29 (1 white and 28 coloured/black or asian) died - a significant mortality of 1,7% (0,3% for whites and 2,09 for other races combined).

PREVENTION

Infective hepatitis (Hepatitis A) is usually spread by the faecal-oral route and general measures to prevent it include health education, attention to personal hygiene and control of food handling and water supplies. No Hepatitis A vaccine is available yet although vaccines against Hepatitis B (which is spread parenterally) appear to be successful although expensive. Early diagnosis and treatment is usually a function of other medical services. In 1985 2 cases were admitted to City Hospital and 24 cases to General Hospitals and the remainder were treated at home. Admission to hospital is usually because of severity of illness or because the patient lives in an institution with no facilities for isolation.

WHOOPING COUGH

Whooping cough is a clinical syndrome classically associated with Bordetella pertussis, B., parapertussis and viruses such as adeno-virus. It remains notifiable locally.

PRIORITY RATING

The pattern of the previous few years (see Figure 6.13 and Table VI.24 Page 195) changed in 1981, with many more cases being notified (70 coloured, 23 black and 4 white) but dropped in 1982 (61 coloured, 16 blacks and 3 whites) and in 1983 (21 coloureds, 8 blacks and 3 white) but increased in 1984 (37 coloured, 8 blacks and 4 whites) and dropped in 1985 (23 coloured, 5 black and 2 white) giving incidence rates for 1985 per 100 000 population per year of 4,06 for coloureds, 3,67 for blacks and

Figure 6.12 ANNUAL INCIDENCE RATES OF VIRAL HEPATITIS BY RACE GROUP 1974 –1985

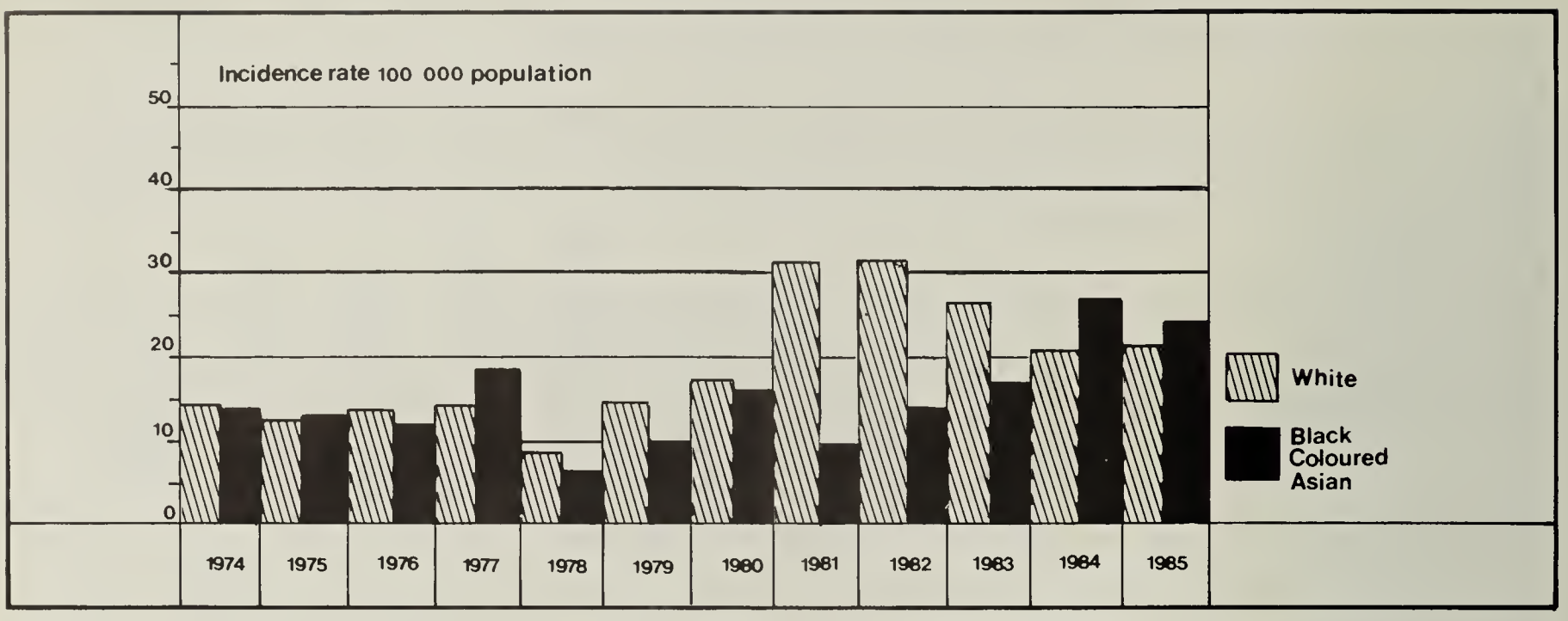
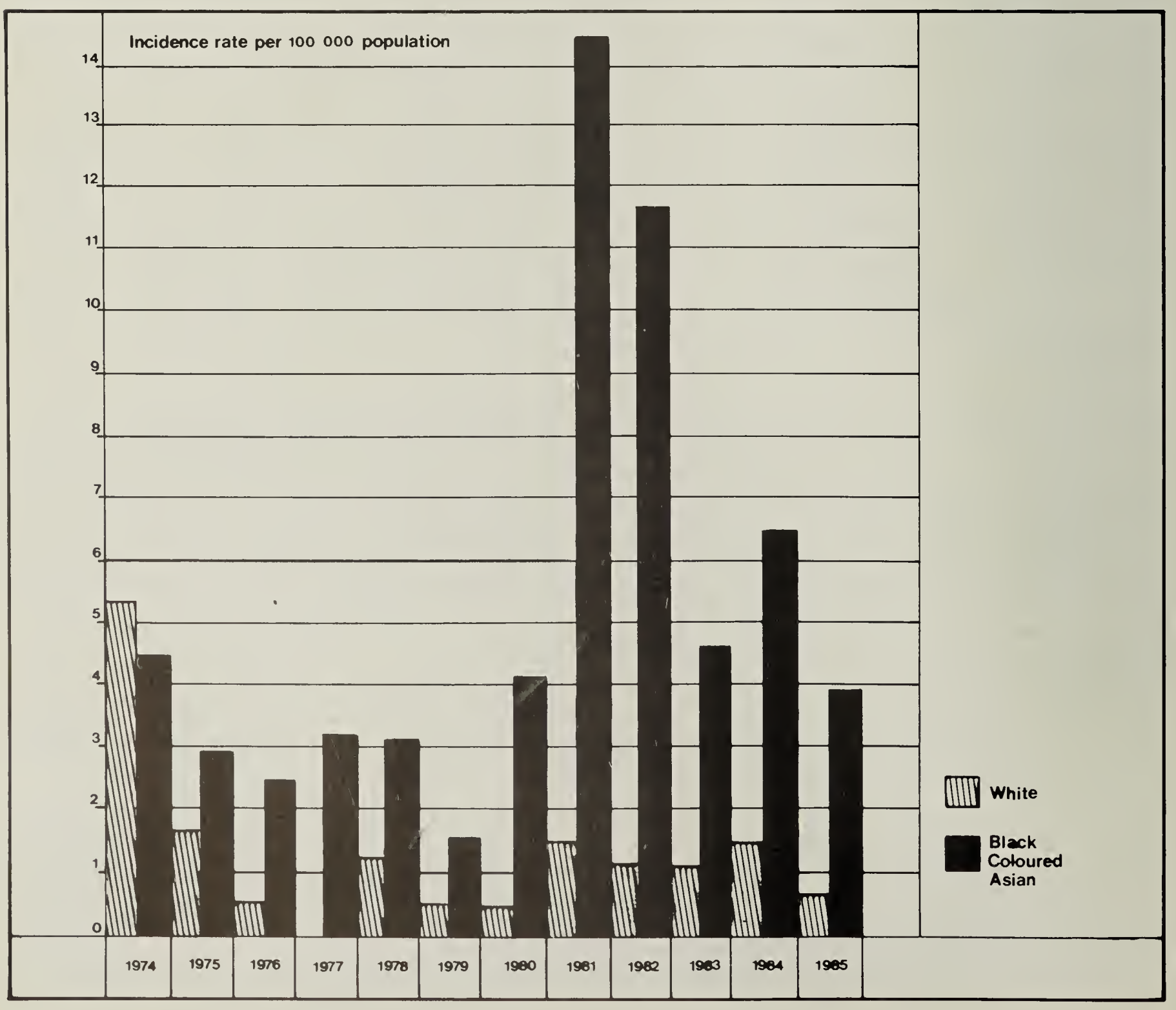


Figure 6.13 ANNUAL INCIDENCE RATES PER 100 000 POPULATION OF WHOOPING COUGH BY RACE GROUP 1974 - 1985



0,67 for whites. There were no deaths due to this disease during 1985 and there have been 6 deaths from 1975 - 1985, (1,6% of the total of 380 notified cases over the preceding decade).

PREVENTION

Immunisation remains important in Cape Town. Reduction in the risk of infection of other pupils is made possible by excluding patients and contacts from schools. Early diagnosis is made clinically and patients are admitted to the City Hospital as Whooping cough cases without the necessity for bacteriologic proof of the diagnosis. Treatment with ampicillin or erythromycin, and skilled nursing care, is essential.

TYPHOID FEVER

PRIORITY RATING

There were 4 cases all of which were imported infections.

The mean local incidence rate per year per 100 000 for the decade 1976 - 1985 was 0,62 for whites and 1,57 for all other race groups combined. (See Table VI.24 Page 195 and Figure 6.14). There were no deaths in 1985 and of the 114 cases notified in the previous decade only 3 died (2,6%).

PREVENTION

The pillars of Typhoid prevention are proper sewage disposal, a pure water supply and strict control over milk and dairy products. The housing shortage in Cape Town leaves some areas e.g. Squatter camps, in danger and constant vigilance is needed here. Specific protection can be obtained to some extent by immunization but vaccines are not 100% successful and are not recommended in epidemic control. Exclusion of cases and contacts from food-handling and institutions reduces the risk of spread and an active search for new cases and carriers is made amongst contacts of notified cases (no carrier was diagnosed in 1985). A full record of all carriers is maintained and they are kept under observation.

DIPHTHERIA

PRIORITY RATING

This disease has been so tamed by immunization that notifications have fallen from 770 cases in 1940/1941 to 1 case in 1985. The fall in notifications over the past twenty years is dramatic enough (Figure 6.15).

There were no deaths in 1985 and of all the 23 cases notified from 1976 - 1985 only 1 died (4,3%). Deaths since 1918 are illustrated in Figure 6.16. notifications and Deaths for 1985 and the preceding decade are detailed in Table VI.24 Page 195.

PREVENTION

The big danger of a resurgence of this disease lies in parent complacency. The Child Welfare staff constantly seek to ensure that every child is fully immunised - nothing less is satisfactory. Details of immunization are to be found on page 78 and in Table V.10 Page 172. Cases, contacts and carriers are excluded from institutions to prevent spread. Early diagnosis is essential. Antitoxin is given when any doubt exists because of the serious consequences of delayed therapy.

POLIOMYELITIS

(Acute anterior poliomyelitis)

PRIORITY RATING

There were 8 cases notified in 1985, compared with no cases in 1984.

Figure 6.14 ANNUAL INCIDENCE RATE OF TYPHOID FEVER BY RACE GROUP 1974 - 1985

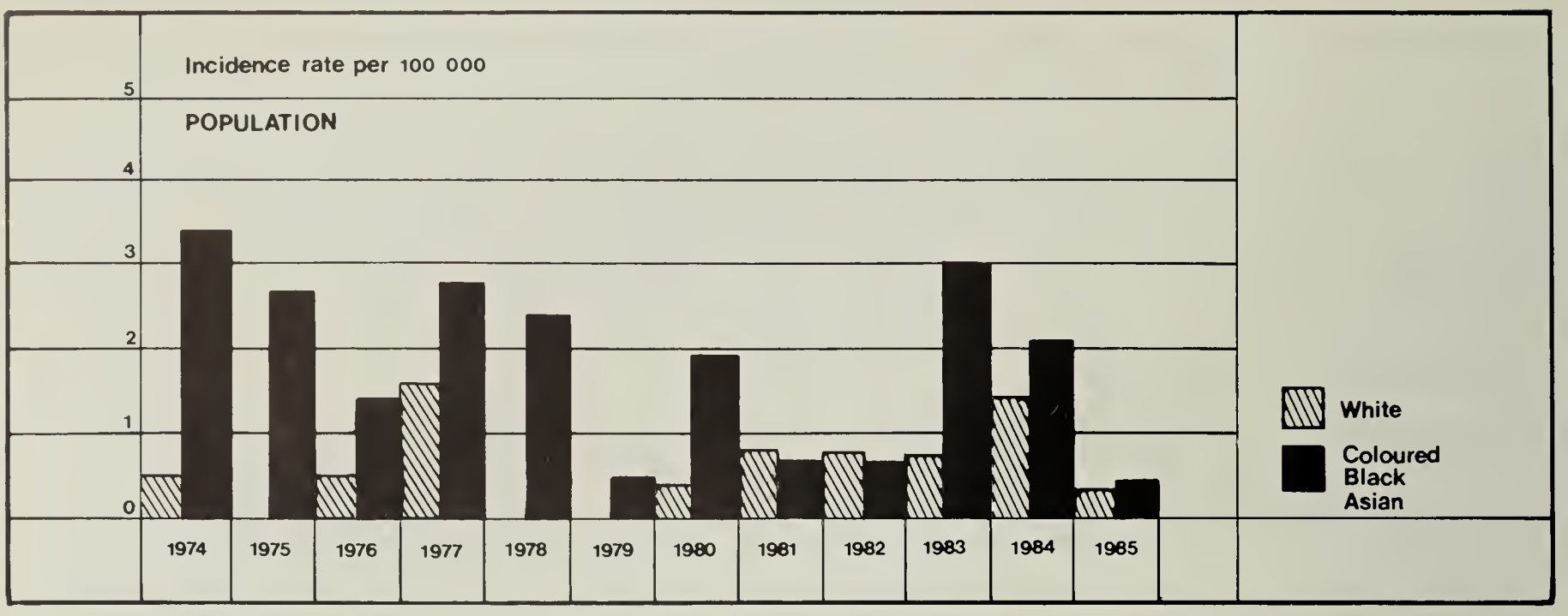


Figure 6.15 ANNUAL NOTIFICATION OF DIPHTHERIA, ALL RACES 1963 - 1985

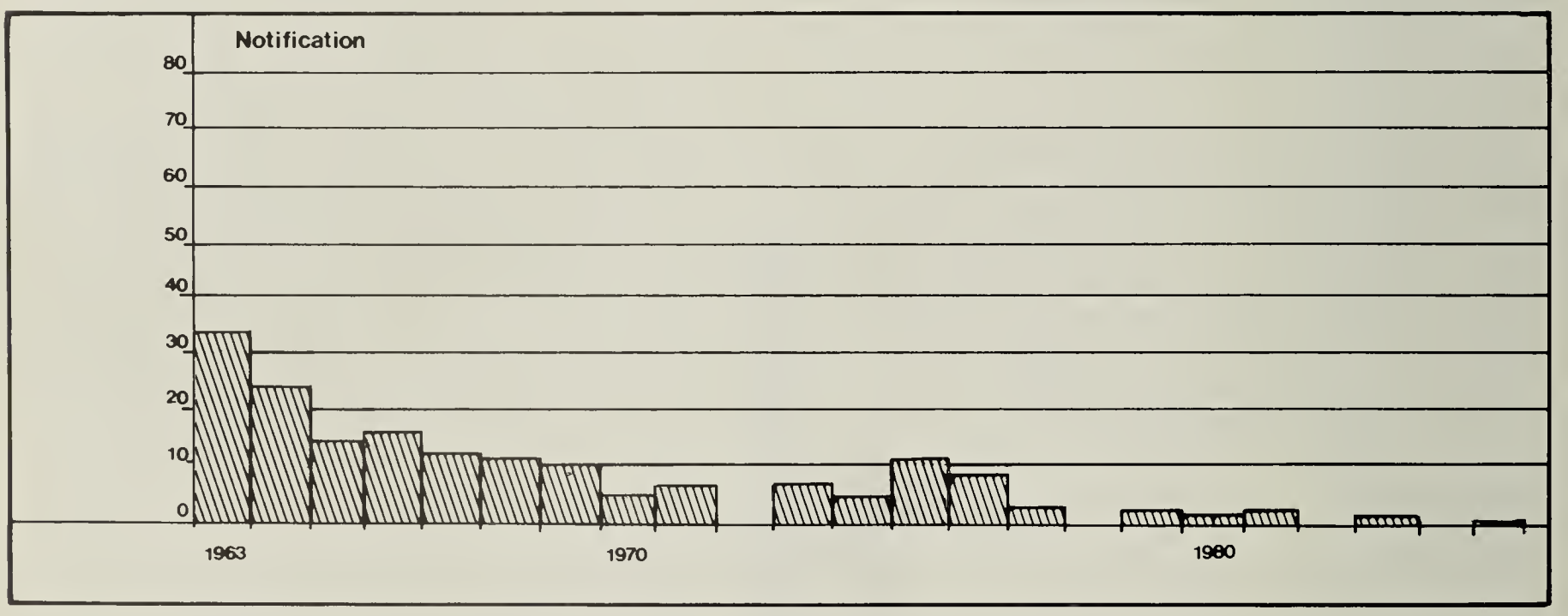


Figure 6.16 ANNUAL TOTALS OF REGISTERED DEATHS DUE TO DIPHTHERIA 1919/20 - 1985

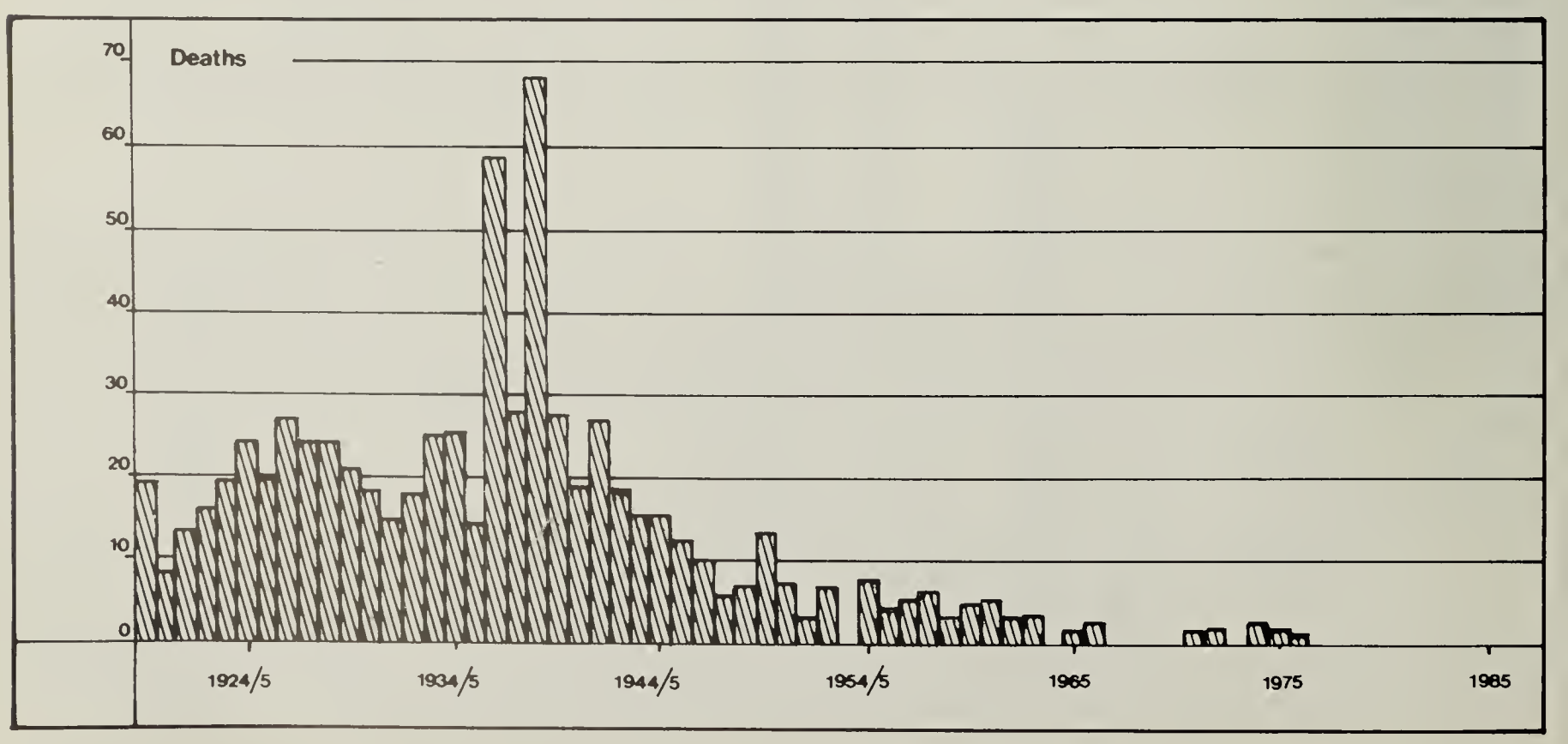


Figure 6.17 NOTIFICATIONS AND DEATHS FROM ACUTE POLIOMYELITIS 1920 - 1985

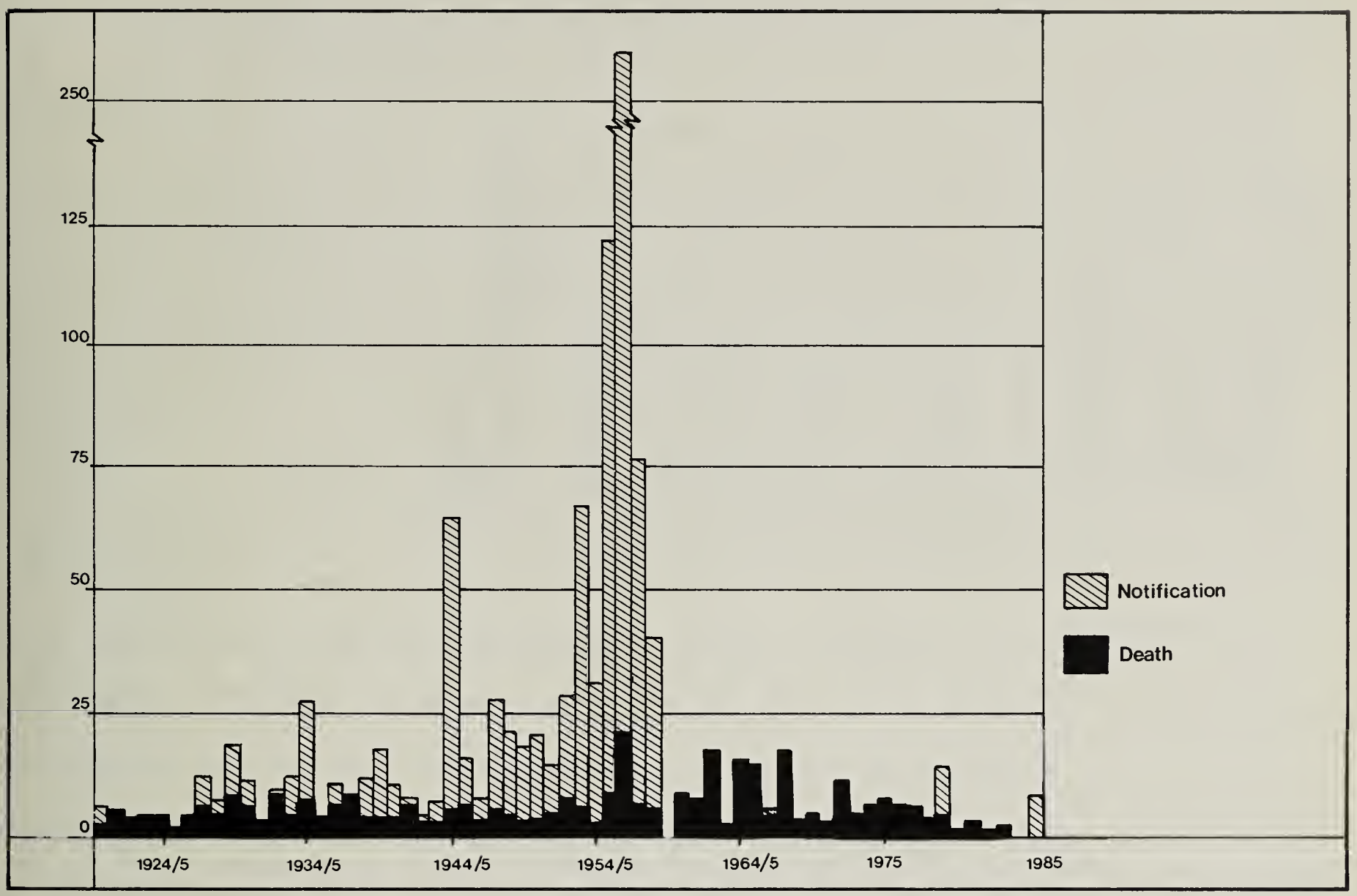


Figure 6.18 ANNUAL INCIDENCE RATES OF ACUTE POLIOMYELITIS 1971 - 1985

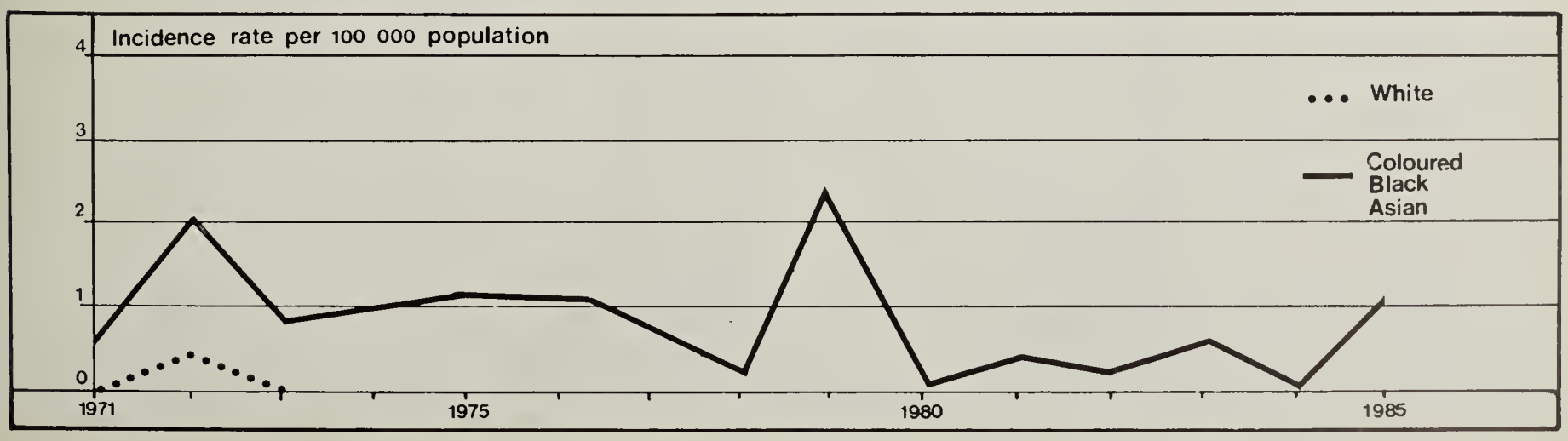


Figure 6.19 PRIMARY MALIGNANCY OF BRONCHUS, LUNGS AND PLEURA NOTIFICATIONS BY RACE AND MONTH 1985

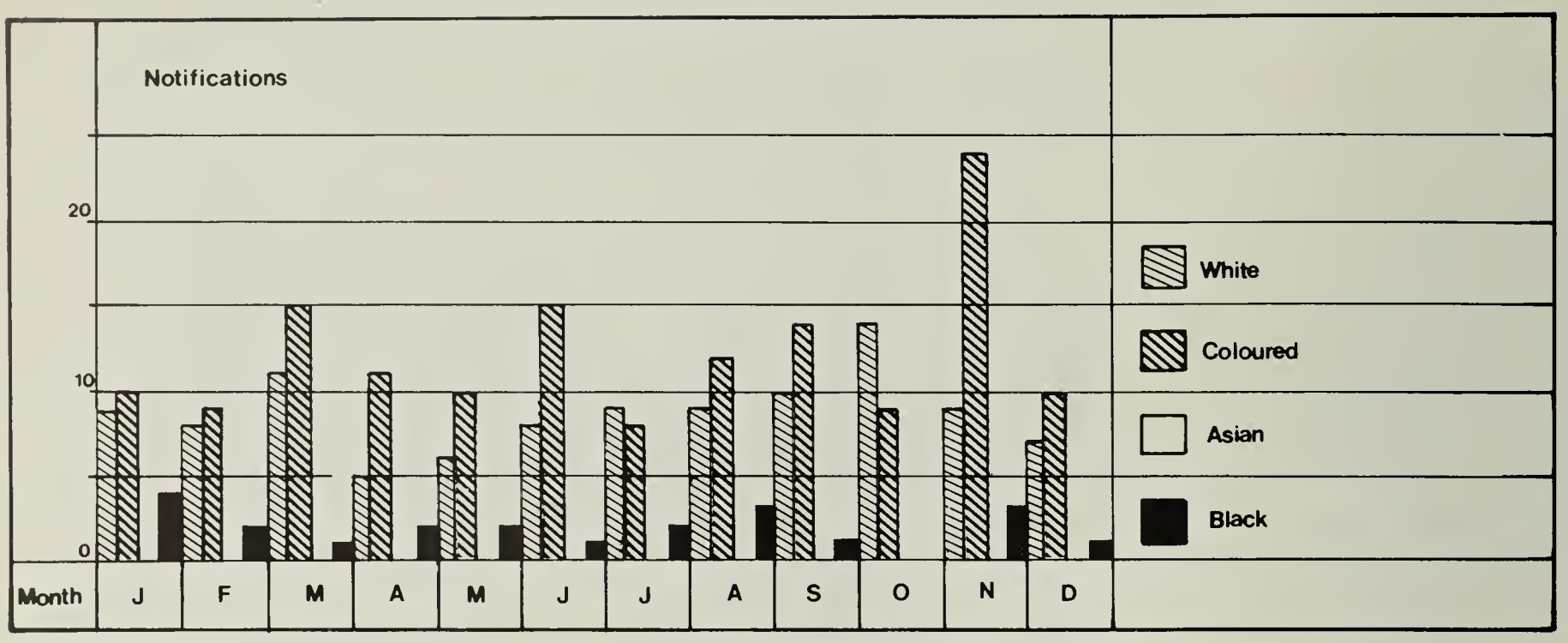
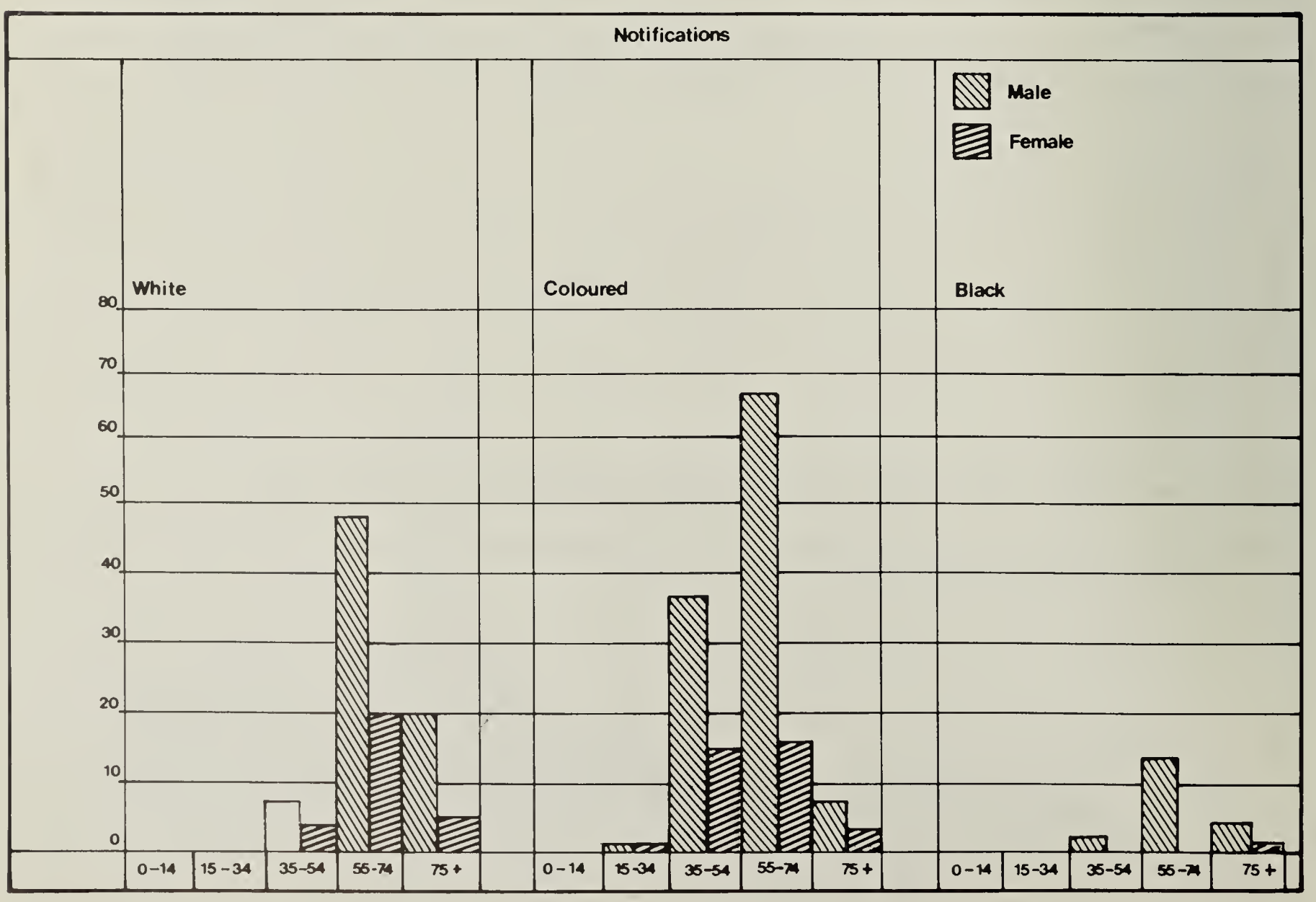


Figure 6.20 NOTIFICATIONS OF WHITES, COLOUREDS AND BLACKS WITH PRIMARY MALIGNANCY OF BRONCHUS, LUNGS AND PLEURA BY SEX AND GROUPS 1985



The occurrence of poliomyelitis in Cape Town since 1920 is illustrated in Figure 6.17 and the incidence rates per 100 000 population 1972 - 1985 in Figure 6.18, Table VI.24 Page 195 details notifications, incidence rates and deaths for 1985 and the preceding decade. There were no deaths in 1985 and of the 39 cases notified over the decade 1976 - 1985 only 1 died (2,6%).

PREVENTION

Specific protection by means of the live attenuated oral polio-vaccine has been the mainstay of preventive measures since 1961. Details are contained in Table V.10 Page 172 and see page 77. The practice of giving four doses of oral vaccine in the primary programme was resumed in 1978 at the request of the State Health Department and three initial doses with a booster dose at 18 months and again in Sub-A were given as a routine during the year under review. Poliovirus is ubiquitous in the Community and isolation of cases does little to prevent spread. Contact follow-up and immunization are important.

MALARIA

There were 4 case (4 white) notified in 1985. There were no deaths.

LEAD POISONING

One white male was notified in August. There were no deaths.

INSECTICIDAL POISONING

One coloured male was notified in October. There were no deaths.

PRIMARY MALIGNANCY OF BRONCHUS LUNGS AND PLEURA

272 Cases become known to the department through the deaths returns, 275 cases were reported - 105 whites, 148 coloureds, and 22 blacks. The seasonal and age variation in notifications are demonstrated in Tables VI.22 and VI.23 Pages 193 and 194, and in figures 6.19 and 6.20. Further details on mortality due to these carcinomas have been discussed on page 28.

OTHER NOTIFIABLE DISEASES

There were no cases of anthrax, cholera, plague, sleeping sickness (human trypanosomiasis), smallpox, rabies trachoma, typhus, or yellow fever notified in municipal residents over the decade 1976 - 1984 or in 1985. Although there were no cases of the following diseases in 1985 there have been, in the decade 1976 - 1984, 10 cases of brucellosis, 10 cases of leprosy, 8 cases of tetanus, 1 case of leptospirosis, and 1 case of toxoplasmosis. (See Table VI.26 Page 196).

VII OTHER SERVICES

DOMICILIARY MEDICAL SERVICES

The City Council provides medical attention in their homes for indigent sick persons needing such service. During 1985 the work was carried out by medical practitioners with the co-operation of the District Nursing Organisation of the Cape Provincial Administration. Arrangements for the supply of medicines etc. are made with local chemists. During the year 8 applications for free medical attention were received.

FREE BURIALS

The Public Health Act places upon the local authority the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon the local authority, although it may be legally recovered. Each year a contract is given out to an undertaker to carry out this work for the council. In the year the number of such burials was 125.

MEDICAL EXAMINATIONS

Medical examinations for initial entry into the Council service and for admission to the municipal pension fund are carried out by the department. During the year 2 841 attendances were recorded as on Table VII.1 Page 197. The Department also provides medical attention for Fire Brigade and Traffic personnel.

MEDICAL STUDENT LECTURE

This department provides a series of lectures on infectious diseases to 4th year medical students of the University of Cape Town.

During 1985 these lectures were given by the Deputy Medical Officer of Health, Dr M A Chaimowitz.

CLEANSING STATION (SCABIES AND PEDICULOSIS)

The cleansing stations at Athlone are provided for the disinfection of verminous persons and their clothing. They are in charge of a clinic assistant, who works under the supervision of a medical officer and has two assistants. The work consists mainly of the treatment of scabies, pediculosis and impetigo. The attendances in the year under report were as in Table VII.2 Page 197. Scabies is also treated where necessary at the child welfare centres in other areas.

DEFINITIONS

BIRTHS

N B : Both the following Rate fractions are multiplied by 1 000.

"Birth rate" (BR) = Number of live births during the year ÷ midyear population.

"Still birth rate" (SBR) = Number of still births in the year ÷ total live and still births in that year.

DEATHS

"Uncorrected deaths" = deaths registered during the year as having occurred in the municipality of Cape Town, including inward transfers of deaths of municipal residents which took place outside the municipal area.

"Corrected deaths" = deaths as above but minus the outward transfer of non-resident deaths which took place in the Municipality of Cape Town.

"Crude death rate" = number of deaths during the year ÷ mid-year population.

"Infant mortality rate" (IMR) = number of deaths of infants aged less than 1 year ÷ total live births in that year.

"Perinatal mortality rate" (PMR) = number of still births and deaths of infants aged less than one week during the year ÷ total live and still births during that year.

"Early neonatal mortality rate" = number of deaths of neonates aged under 7 days during the year ÷ total live births in that year.

"Late neonatal mortaliity rate" = number of deaths of neonates aged 7-28 days ÷ total live births in that year.

"Post-neonatal mortality rate" = number of deaths of infants aged over 28 days but less than one year during the year ÷ total live births in that year.

TUBERCULOSIS (TB)

"Incidence of tuberculosis" = the number of notifications received per year per 1 000 of the population.

"Local cases" = persons resident in the municipal area of Cape Town for at least six months prior to notification as TB cases.

"Imported cases" = persons resident in the municipal area of Cape Town for less than six months prior to notification as TB cases.

"Out of city cases" = persons not resident in the municipal area of Cape Town at all but whose tubercular illness was made known to the City Health Department because of local diagnosis of the condition or because of the entry of such patients to the municipal area for purposes of treatment.

"Municipal area of Cape Town" = includes the Peninsula Administration Board areas of Langa and Guguletu.

"Pulmonary tuberculosis" = in the years before 1976 this has included only tuberculosis obviously affecting the lungs and pleura.

From 1976 to 1980 the term was used to describe tuberculosis of the lower respiratory tract, pleura and pulmonary lymphatic drainage system as well as recent tuberculin convertors, such as tuberculin positive reactors under the age of five years who have not had BCG. The latter group was dropped from the schedule of notifiable diseases in August 1980.

"Other forms of tuberculosis" = means all forms other than pulmonary.

TABLES

These apply to the City of Cape Town including the Administration Board Western Cape areas of Langa and Guguletu and its residents unless otherwise specified.

TABLES

TABLE A

SUMMARY OF VITAL STATISTICS : 1985

Area: 30328,95 hectares

	WHITE		COLOURED		ASIANS		BLACKS		ALL RACES	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Total population	273780		566560		14349		136186		990875	
Notified Live Births	2418	8,83	17232	30,42	59	4,11	4901	35,99	24610	24,08
Registered Deaths	2267	8,28	3487	6,15	56	3,90	1201	8,82	7011	7,08
Natural Increase	151	0,55	13745	24,26	3	0,21	3700	27,17	17599	17,76
Infant Mortality (Death under one year)	30	12,41	303	17,58	3	50,85	185	37,75	521	21,17
Maternal mortality	-	-	-	-	-	-	1	0,20	1	0,04

II SOCIAL GEOGRAPHY

TABLE II.1 Meteorological Data 1976 TO 1985: D F Malan Airport Weather Office

	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985
Total rainfall	565,4 mm	751,1 mm	402,1 mm	408,1 mm	479,1 mm	585,2 mm	438,9 mm	528,1 mm	570,2 mm	569,2 mm
No. of rainy days	130	140	125	123	130	133	133	132	143	121
Ave. Max. Temp.	21,4°C	21,8°C	22,0°C	28,4°C	22,3°C	22,2°C	21,7°C	21,6°C	22,3°C	22,3°C
Maximum Temp.	35,2°C	35,5°C	35,5°C	39,3°C	33,9°C	35,2°C	33,5°C	35,0°C	36,7°C	37,2°C
Ave. Min. Temp.	12,0°C	12,4°C	10,0°C	5,5°C	11,8°C	11,1°C	10,9°C	11,2°C	11,4°C	11,6°C
Minimum Temp.	0,2°C	1,8°C	1,4°C	0,4°C	1,9°C	0,3°C	0,8°C	0,3°C	0,8°C	1,7°C

III VITAL STATISTICS

Table III.1 Estimated Population of the City of Cape Town by Race : 1962 - 1985

	WHITE		COLOURED		ASIATIC		BLACK		TOTAL	
1962	(197910)		(285280)		(7570)		(68030)		(558790)	
1963	(200210)		(295890)		(7780)		(73480)		(577360)	
1964	(202530)		(306910)		(7980)		(73540)		(590960)	
1965	(204880)		(318330)		(8200)		(78600)		(610010)	
1966	(207250)		(330180)		(8420)		(88930)		(634780)	
1967	(209650)		(342470)		(8640)		(90000)		(650760)	
1968	(212080)		(355210)		(8870)		(80840)		(657000)	
1969	(214540)		(368430)		(9110)		(84460)		(676540)	
1970	(217030)	219738	(382150)	384576	(9350)	9262	(85700)	83937	(694230)	697513
1971	(235550)	222983	(397500)	394639	(9660)	9536	(93050)	86689	(735760)	713847
1972	(239050)	226276	(412340)	404965	(9920)	9819	(91150)	89532	(752460)	730592
1973	(242600)	229617	(427740)	415561	(10190)	10110	(90250)	92467	(770780)	747755
1974	(246200)	233008	(443710)	426435	(10470)	10409	(95000)	95499	(795380)	765351
1975	(249860)	236449	(460280)	437593	(10760)	10717	(97730)	98631	(818630)	783390
1976	(253570)	239941	(477470)	449043	(11050)	11035	(100530)	101865	(842620)	801884
1977	(257340)	243484	(495300)	460792	(11350)	11361	(103000)	105205	(866990)	820842
1978	(261160)	247080	(513790)	472849	(11660)	11698	(107580)	108655	(894190)	840282
1979	(265040)	250728	(532980)	485222	(11980)	12044	(108500)	112217	(918500)	860211
1980	(268980)	254431	(552880)	497918	(12310)	12401	(111230)	115897	(945400)	880647
1981	(272980)	258188	(573520)	510946	(12650)	12768	(114030)	119697	(973180)	901599
1982	(277040)	262001	(594940)	524316	(12990)	13146	(116900)	123622	(1001870)	923085
1983		265870		538035		13536		127676		945117
1984		269796		552113		13937		131862		967708
1985		273780		566560		14349		136186		990875

Note: Previous estimates of population are given in brackets.

Table III.2 Estimated Population, Birth Rates, Death Rates, Natural Increase Rates and Infant Mortality Rates : 1951 - 1985

YEAR	Estimated Populations			Birth rates			Death rates corrected for outward transfers			Natural increase rates			Infant mortality rates		
	White	Coloured Asiatic Black	Total	White	Coloured Asiatic Black	Total	White	Coloured Asiatic Black	Total	White	Coloured Asiatic Black	Total	White	Coloured Asiatic Black	Total
1951-1952	187540	261280	448820	18,27	40,94	31,26	9,88	14,99	12,82	8,39	25,95	18,43	28,78	106,26	87,26
1952-1953	188300	267220	455520	18,37	39,42	30,62	9,33	13,12	11,54	9,04	25,30	19,08	21,29	101,35	81,32
1953-1954	189070	273310	462380	18,23	37,86	29,85	9,03	12,25	11,09	8,86	25,61	18,77	30,43	100,55	83,71
1954-1955	189830	279580	469410	17,62	36,95	29,26	9,15	11,52	10,60	8,47	25,43	18,66	21,45	100,80	82,52
1956	190600	286010	476610	18,6	34,3	28,3	9,0	10,3	10,2	8,6	23,9	18,0	24,5	103,0	83,4
1957	191380	292620	484000	18,4	36,5	29,8	10,0	10,6	10,4	8,5	25,9	19,4	23,5	95,5	79,3
1958	192150	299420	491570	18,8	34,4	28,7	9,7	9,9	9,8	9,2	24,4	18,8	23,1	97,6	80,2
1959	192930	306390	499320	19,2	34,3	28,9	10,0	8,6	9,1	9,2	25,7	19,8	17,5	80,2	65,5
1960	193710	338020	531730	18,4	38,3	31,1	10,9	10,5	10,7	7,3	24,7	18,7	25	81	69
1961	195650	348810	544460	18,9	36,4	30,1	10,2	9,5	9,8	8,7	26,8	20,3	20	76	64
1962	197910	360880	558790	18,9	35,2	29,4	10,4	8,7	9,3	8,5	26,5	20,1	22	70	59
1963	200210	377150	577360	18,1	36,2	29,9	10,1	10,3	10,2	7,9	25,9	19,6	23	86	73
1964	202530	388430	590960	18,3	37,3	30,8	10,6	10,3	10,4	7,7	27,0	20,4	19	78	66
1965	204880	405130	610010	16,8	38,4	31,2	10,2	10,6	10,5	6,6	27,8	20,7	19	78	68
1966	207250	427530	634780	18,0	35,1	29,5	10,5	9,8	10,0	7,5	25,4	19,5	17	78	66
1967	209650	441110	650760	18,0	31,6	27,2	10,0	9,9	10,0	8,0	21,7	17,3	15	79	66
1968	212080	444920	657000	18,1	38,4	31,8	10,2	9,3	9,6	7,9	29,1	22,2	15	58	50
1969	214540	462000	676540	18,4	37,4	31,4	10,3	9,3	9,7	8,1	28,0	21,7	18	58	51
1970	219738	477775	697513	19,0	35,2	30,1	10,4	9,6	9,9	8,6	25,6	20,2	16	59	50
1971	222983	490864	713847	19,3	36,1	30,9	9,5	8,0	8,5	9,8	28,1	22,4	13	46	39
1972	226276	504316	730592	18,1	35,7	30,3	9,5	7,5	8,1	8,6	28,2	22,2	13	38	34
1973	229617	518138	747755	16,5	35,2	29,5	9,9	8,4	8,9	6,6	26,8	20,6	13	46	40
1974	233008	532343	765351	15,4	33,9	28,2	9,6	8,2	8,6	5,8	25,7	19,6	12	46	40
1975	236449	546941	783390	13,9	30,4	25,4	8,9	7,5	7,9	5,0	22,9	17,5	12	38	34
1976	239941	561943	801884	13,3	29,3	24,5	9,2	8,1	8,4	4,1	21,2	16,1	10	43	38
1977	243484	577358	820842	11,8	27,8	23,1	8,8	7,3	7,8	3,0	20,5	15,3	8	36	31
1978	247080	593202	840282	11,2	27,8	22,9	8,9	6,4	7,1	2,3	21,4	15,8	13	28	26
1979	250728	609483	860211	10,7	27,9	22,9	8,3	6,2	6,8	2,4	21,7	16,1	10	23	21
1980	254431	626216	880647	10,7	28,2	23,2	9,1	6,4	7,2	1,6	21,8	16,0	13	24	22
1981	258188	643411	901599	11,1	29,6	24,3	9,2	7,2	7,8	1,9	22,4	16,5	9	24	21
1982	262001	661084	923085	11,1	31,2	25,5	8,9	7,3	7,7	2,2	23,9	17,8	12	25	23
1983	265870	679247	945117	10,6	31,9	25,9	8,7	7,2	7,6	1,9	24,7	18,3	11	23	21
1984	269796	697912	967708	9,6	32,2	25,9	8,2	6,7	7,4	1,4	25,5	18,5	10	23	22
1985	273780	717095	990875	8,3	31,0	24,8	8,3	6,6	7,1	0,6	24,4	17.8	12	22	21

City extended in 1971 by incorporation of districts of Thornton, Bergvliet, Meadowridge, Ottery (part) and Kirstenhof.

The population and rates for the years 1961 onward have been corrected according to the final figures of the 1970 census.
Birth rates based on notification from 1968.

The population and rates for the years 1970 and onwards have been corrected according to the final figures of the 1980 census.

Table III.3 Population by Race and Sex : 1984 to 1985

RACE	1984			1985		
	MALES	FEMALES	PERSONS	MALES	FEMALES	PERSONS
White	131660	138136	269796	133605	140175	273780
Coloured	272192	279921	552113	279314	287246	566560
Asiatic	6982	6955	13937	7189	7160	14349
Black -						
City	22409	7641	30050	20702	1990	22692
Langa	17937	7563	25500	17182	7318	24500
Guguletu	41408	34904	76312	46551	42443	88994
Total	81754	50108	131862	84435	51751	136186
TOTAL	492588	475120	967708	504543	486332	990875

Table III.4 Notified Live Births and Birth Rates by Race and Sex of Infant : 1984 - 1985

RACE	MALES		FEMALES		TOTAL		BIRTH RATE	
	1984	1985	1984	1985	1984	1985	1984	1985
White	1332	1246	1257	1172	2589	2418	9,60	8,83
Coloured	8663	8773	8408	8459	17071	17232	30,92	30,42
Asiatic	23	37	23	22	46	59	3,30	4,11
Black	2672	2461	2651	2440	5323	4901	40,37	35,99
TOTAL	12690	12517	12339	12093	25029	24610	25,86	24,84

Table III.5 Notified Births and Birth Rates by Race : 1981 - 1985

RACE	1981		1982		1983		1984		1985	
	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE
White	2871	11,12	2908	11,10	2819	10,60	2589	9,60	2418	8,83
Coloured	14537	28,45	15922	30,37	16560	30,78	17071	30,92	17232	30,42
Asiatic	147	11,51	129	9,81	84	6,21	46	3,30	59	4,11
Black	4365	36,47	4559	36,88	5019	39,31	5323	40,37	4901	35,99
TOTAL	21920	24,31	23518	25,48	24482	25,90	25029	25,86	24610	24,84

Table III.6 Birth Rates for 1985

RACE	POPULATION			LIVE BIRTHS	BIRTH RATE PER 1 000
	MALE	FEMALE	TOTAL		
White	133605	140175	273780	2418	8,83
Coloured	279314	287246	566560	17232	30,42
Asian	7189	7160	14349	59	4,11
Black:					
Langa	17182	7318	24500	1716	70,04
Guguletu	46551	42443	88994	2938	33,01
Rest of City	20702	1990	22692	247	10,88
Total	84435	51751	136186	4901	35,99
TOTAL	504543	486332	990875	24610	24,84

Table III.7 Fertility Rates for 1985

RACE		Population	*Percentage of population who are females aged 15-49 years	Number of females aged 15-49 years	Live births	Fertility (Birth rates per 1 000 females aged 15-49 years)
White	Total	273780	26,5966	72816	2418	33,2
Coloured	Total	566560	27,1989	154098	17232	111,8
Asian	Total	14349	28,7209	4121	59	14,3
Black:						
Total	Total	136186	21,1283	28774	4901	170,3
Langa	Female	7318	55,6	4069	1716	421,73
Guguletu	Female	42443	55,6	23598	2938	124,50
Rest of city	Female	1990	55,6	1106	247	223,33

* Calculated from 1980 Census (treat Black figures with reserve).

Table III.7A Fertility Rates: Coloureds and Whites 1978 - 1985

WHITE Fertility rate: 26,5966% (1980 Census)	Population of females aged 15-49 years	Live Births	Rate
1978	65715	2768	42,1
1979	66685	2695	40,4
1980	67670	2727	40,3
1981	68669	2871	41,8
1982	69683	2908	41,7
1983	70712	2819	39,9
1984	71757	2589	36,1
1985	72816	2418	33,2
COLOURED Fertility rate: 27,1989% (1980 Census)	**Population of females aged 15-49 years**	**Live Births**	**Rate**
1978	128610	12155	94,5
1979	131975	12746	96,6
1980	135428	13448	99,3
1981	138972	14537	104,6
1982	142608	15922	111,6
1983	146340	16560	113,2
1984	150169	17071	113,7
1985	154098	17232	111,8

Table III.8 Notified Still Births and Still Birth Rates by Race : 1984 TO 1985

RACE	NOTIFICATIONS			
	NUMBER		STILL BIRTH RATE	
	1984	1985	1984	1985
White	19	6	7,29	2,48
Coloured	223	253	12,89	14,47
Asiatic	0	1	0	16,67
Blacks	120	107	22,05	21,37
TOTAL	362	367	14,26	14,69

Table III.9 Still Births (SB) and Still Birth Rates, (SBR) for 1985

RACE	LIVE BIRTHS	NUMBER OF STILL BIRTHS	LIVE AND STILL BIRTHS	STILL BIRTH RATE PER 1 000 LIVE AND STILL BIRTHS
White	2418	6	2424	2,48
Coloured	17232	253	17485	14,47
Asians	59	1	60	16,67
Black:				
Total	4901	107	5008	21,37
Langa	1716	37	1753	21,11
Guguletu	2938	63	3001	20,99
Rest of City	247	7	254	27,56

Table III.10 Notified Twin Births classified according to Race and as to whether of the same or mixed Sexes : 1985

RACE	CHILDREN			
	NO OF PAIRS	BOTH MALES	BOTH FEMALES	MIXED
White	35	10	10	15
Coloured	163	56	57	50
Asiatic	-	-	-	-
Black	99	37	28	34
TOTAL	297	103	95	99

Table III.11 Notified Live and Still Births in Institutions (whether occurring in or out of the Municipal Area) to Cape Town Municipal Residents : 1984 - 1985

	NOTIFICATIONS			
	NUMBER		PERCENTAGE OF TOTAL DELIVERIES	
	1984	1985	1984	1985
White	2589	2396	99,3	98,8
Coloured	16947	17017	97,4	97,3
Asiatic	40	58	87,0	96,7
Blacks	5343	4868	98,1	97,2
TOTAL	24919	24339	98,1	97,4

Table III.12 Notified Live and Still Births by place of occurrence and attendant, occurring in the Municipal Area of Cape Town : 1985

	RESIDENTS		NON-RESIDENTS		
ATTENDED	BIRTHS	PERCENTAGE	BIRTHS	PERCENTAGE	TOTAL BIRTHS
(a) In private houses:					
By private doctors	1	0	0	-	1
By private midwives:					
Certificated	150	0,6	0	-	150
Uncertificated	3	0	0	-	3
Midwives on district	253	1,0	0	-	253
No doctor or midwives:	231	0,9	0	-	231
TOTAL	638	2,6	0	-	638
(b) In institutions:					
Public institutions	15992	64,0	6099	60,5	22091
Maternity outpatient units	5957	23,8	2888	28,7	8845
Private nursing homes	2390	9,6	1091	10,8	3481
TOTAL	24339	97,4	10078	100	34417

Table III.13 Illegitimate Live Births Notified by Race : 1984 - 1985

	NOTIFICATIONS			
RACE	NUMBER		PERCENTAGE OF TOTAL LIVE BIRTHS	
	1984	1985	1984	1985
White	267	251	10,3	10,4
Coloured	6878	6720	40,3	40,0
Asiatic	1	2	2,2	3,4
Black	3406	3147	64,0	64,2
TOTAL	10552	10120	42,2	41,1

Table III.14 Notified Births to Teenage Mothers by Race, Legitimacy and age of the Mother - 1985

AGE OF MOTHER																
RACE	13 years		14 years		15 years		16 years		17 years		18 years		19 years		Total	
	Leg	Illeg	Leg	Illeg	Leg	Illeg	Leg	Illeg	Leg	Illeg	Leg	Illeg	Leg	Illeg	Leg	Illeg
White	-	-	-	2	2	4	7	12	7	12	9	21	48	29	73	80
Coloured	-	1	-	25	8	60	40	191	64	371	146	521	266	570	524	1739
Asiatic	-	-	-	-	-	-	-	1	1	-	-	-	1	-	2	1
Blacks	-	1	-	12	1	43	5	78	12	141	28	167	41	193	87	635
TOTAL	-	2	-	39	11	107	52	282	84	524	183	709	356	792	686	2455

Leg: Legitimate
Illeg: Illegitimate

Table III.15 Illegitimate Births as a percentage of Total Live Births : 1958 - 1985

ILLEGITIMATE BIRTHS PERCENTAGE OF TOTAL BIRTHS			
PERIODS	WHITE	COLOURED, ASIATIC AND BLACKS	TOTAL
1958	4,0	23,7	19,0
1959	4,1	23,8	19,2
1960	4,0	23,2	19,0
1961	3,8	23,3	19,0
1962	3,9	23,4	19,0
1963	4,7	24,2	20,1
1964	4,8	25,4	21,2
1965	4,6	27,0	22,9
1966	5,9	28,1	23,7
1967	8,3	29,9	25,3
1968	9,4	27,5	24,1
1969	7,8	28,6	24,7
1970	8,0	31,2	26,6
1971	7,5	33,4	28,3
1972	9,2	37,3	32,1
1973	10,1	39,1	34,2
1974	9,8	40,4	35,3
1975	9,6	42,2	36,8
1976	10,5	43,6	38,2
1977	9,8	44,1	38,9
1978	8,2	44,5	39,3
1979	9,9	44,4	39,7
1980	10,5	42,3	38,5
1981	9,4	42,3	38,0
1982	8,7	42,9	38,7
1983	11,2	46,0	42,0
1984	10,3	45,8	42,2
1985	10,4	44,5	41,1

Table III.16 Births by month of notification : 1981 - 1985

	COLOURED					BLACK				
	LEGITIMATE		ILLEGITIMATE		TOTAL	LEGITIMATE		ILLEGITIMATE		TOTAL
	Male	Female	Male	Female		Male	Female	Male	Female	
1981										
JANUARY	380	373	197	196	1 146	61	66	77	81	285
FEBRUARY	357	313	191	173	1 034	60	85	116	90	351
MARCH	361	384	248	216	1 209	85	82	90	97	354
APRIL	338	365	209	234	1 146	81	69	110	118	378
MAY	391	393	212	237	1 233	65	68	109	106	348
JUNE	378	359	234	230	1 201	86	73	119	115	393
JULY	395	370	236	216	1 217	87	89	114	114	404
AUGUST	394	400	251	233	1 278	80	87	120	117	404
SEPTEMBER	416	388	256	266	1 326	102	82	106	121	411
OCTOBER	383	387	254	249	1 273	64	76	110	94	344
NOVEMBER	374	340	238	222	1 174	59	61	101	103	324
DECEMBER	404	407	241	248	1 300	63	69	115	122	369
					14 537					4 365
1982										
JANUARY	451	390	237	252	1 330	58	74	85	89	306
FEBRUARY	356	353	220	224	1 153	61	65	84	104	314
MARCH	365	381	214	235	1 195	74	81	107	120	382
APRIL	385	398	226	228	1 237	82	80	120	113	395
MAY	424	392	248	291	1 355	68	66	124	116	374
JUNE	426	450	268	252	1 396	71	65	113	117	366
JULY	398	412	266	266	1 342	81	79	121	117	398
AUGUST	441	407	268	257	1 373	62	68	128	123	381
SEPTEMBER	431	395	256	310	1 392	113	97	124	154	488
OCTOBER	473	406	267	223	1 369	75	87	144	111	417
NOVEMBER	428	410	262	258	1 358	56	89	110	116	371
DECEMBER	425	451	266	280	1 422	66	69	112	120	367
					15 922					4 559
1983										
JANUARY	435	425	243	234	1337	91	68	127	123	409
FEBRUARY	373	386	208	207	1174	61	80	101	120	362
MARCH	427	412	254	247	1340	88	81	116	133	418
APRIL	406	378	313	260	1357	73	75	120	125	393
MAY	423	433	295	284	1435	88	71	129	134	422
JUNE	403	390	303	285	1381	74	80	121	142	417
JULY	365	351	317	293	1326	69	83	153	133	438
AUGUST	427	423	349	313	1512	82	67	161	140	450
SEPTEMBER	431	411	354	334	1530	91	94	143	152	480
OCTOBER	410	408	279	271	1368	88	64	127	144	423
NOVEMBER	424	353	238	267	1282	69	73	147	114	403
DECEMBER	438	438	325	317	1518	68	75	123	138	404
					16560					5019
1984										
JANUARY	374	360	230	225	1189	64	66	113	140	383
FEBRUARY	454	499	292	279	1524	100	88	150	150	488
MARCH	435	426	276	249	1386	91	79	158	142	470
APRIL	427	443	289	259	1418	81	85	150	144	460
MAY	400	399	323	301	1423	97	86	150	158	491
JUNE	450	407	336	314	1507	90	67	158	122	437
JULY	422	408	264	278	1372	68	80	132	166	446
AUGUST	444	393	331	280	1448	71	80	156	159	466
SEPTEMBER	417	437	332	296	1482	87	83	133	147	450
OCTOBER	407	418	291	270	1386	80	71	126	121	398
NOVEMBER	427	403	254	290	1374	65	88	130	129	412
DECEMBER	483	460	305	314	1562	75	75	147	125	422
					17071					5323

Table III.16 continued

	COLOURED					BLACK				
	LEGITIMATE		ILLEGITIMATE		TOTAL	LEGITIMATE		ILLEGITIMATE		TOTAL
	Male	Female	Male	Female		Male	Female	Male	Female	
1985										
JANUARY	464	437	286	276	1463	90	65	134	135	424
FEBRUARY	404	397	265	254	1320	67	58	131	140	396
MARCH	496	455	286	229	1466	92	93	157	155	497
APRIL	463	422	312	268	1465	80	73	128	118	399
MAY	475	483	328	287	1573	74	82	126	135	417
JUNE	394	434	242	247	1317	80	76	125	145	426
JULY	441	455	275	258	1429	91	70	143	139	443
AUGUST	468	420	263	285	1436	76	70	124	128	398
SEPTEMBER	446	429	328	327	1530	95	72	138	135	440
OCTOBER	442	413	295	289	1439	60	64	115	128	367
NOVEMBER	430	388	259	265	1342	52	49	116	102	319
DECEMBER	412	444	299	297	1452	49	76	118	132	375
					17232					4901

Table III.17 MEAN ($\bar{x}$) Monthly Births : Black and Coloured : City of Cape Town : showing the sample standard deviation (SD) : 1981 TO 1985

	BLACK		COLOURED	
	WINTER (1 April - 30 Sept.)	SUMMER (1 Jan. - 31 March + 1 Oct. - 31 Dec.)	WINTER (1 April - 30 Sep.)	SUMMER (1 Jan. - 31 March + 1 Oct. - 31 Oct.)
1981	$\bar{x}$ = 389,7 SD = 23,4	$\bar{x}$ = 337,8 SD = 29,8	$\bar{x}$ = 1233,5 SD = 62,5	$\bar{x}$ = 1189,3 SD = 95,8
1982	$\bar{x}$ = 400,3 SD = 44,6	$\bar{x}$ = 359,5 SD = 42,3	$\bar{x}$ = 1349,2 SD = 58,8	$\bar{x}$ = 1304,5 SD = 106,2
1983	$\bar{x}$ = 433 SD = 30,0	$\bar{x}$ = 403 SD = 21,6	$\bar{x}$ = 1423 SD = 83,7	$\bar{x}$ = 1336 SD = 112,5
1984	$\bar{x}$ = 458 SD = 19	$\bar{x}$ = 428 SD = 41,4	$\bar{x}$ = 1442 SD = 48,4	$\bar{x}$ = 1403 SD = 132
1985	$\bar{x}$ = 421 SD = 19,5	$\bar{x}$ = 396 SD = 60,3	$\bar{x}$ = 1458 SD = 89,1	$\bar{x}$ = 1414 SD = 65,1

Table III.18 MEAN ($\bar{x}$) Monthly Illegitimate Births : Black and Coloured : City of Cape Town : 1981 - 1985

	BLACK		COLOURED	
	WINTER	SUMMER	WINTER	SUMMER
1981	$\bar{x}$ = 211,5	$\bar{x}$ = 199,3	$\bar{x}$ = 469	$\bar{x}$ = 445,6
1982	$\bar{x}$ = 245	$\bar{x}$ = 217	$\bar{x}$ = 522,7	$\bar{x}$ = 489,7
1983	$\bar{x}$ = 275	$\bar{x}$ = 252	$\bar{x}$ = 616	$\bar{x}$ = 515
1984	$\bar{x}$ = 295	$\bar{x}$ = 271	$\bar{x}$ = 600	$\bar{x}$ = 545
1985	$\bar{x}$ = 264	$\bar{x}$ = 261	$\bar{x}$ = 570	$\bar{x}$ = 550

TABLE III.19 Uncorrected and Corrected Deaths and Corrected Death Rates by Race and Sex: 1984 - 1985

	UNCORRECTED DEATHS						CORRECTED DEATHS						RATE					
	1984			1985			1984			1985			1984			1985		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
White	1352	1324	2676	1552	1264	2816	1106	1113	2219	1189	1078	2267	8,40	8,06	8,22	8,90	7,69	8,28
Coloured	2433	1866	4299	2306	1787	4093	2062	1599	3661	1943	1544	3487	7,58	5,71	6,63	6,96	5,38	6,15
Asiatic	42	25	67	37	25	62	39	25	64	32	24	56	5,59	3,59	4,59	4,45	3,35	3,90
Black:																		
Langa							302	103	405	274	111	385	16,84	13,62	15,88	15,95	15,17	15,71
Guguletu							463	290	753	492	274	766	11,10	8,31	9,87	10,57	6,46	8,61
Rest of City							61	8	69	40	10	50	2,72	1,05	2,30	1,93	5,03	2,20
Total	1020	538	1558	1054	548	1602	826	401	1227	806	395	1201	10,10	8,00	9,31	9,55	7,63	8,82
TOTAL	4847	3753	8600	4949	3624	8573	4033	3138	7171	3970	3041	7011	8,19	6,60	7,41	7,87	6,25	7,08

Table III.20 Corrected Deaths and Death Rates by Race : 1981 - 1985

RACE	1981		1982		1983		1984		1985	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
White	2377	9,21	2320	8,85	2325	8,74	2219	8,22	2267	8,28
Coloured	3413	6,68	3639	6,94	3643	6,77	3661	6,63	3487	6,15
Asiatic	48	3,76	67	5,10	56	4,14	64	4,59	56	3,90
Black	1182	9,87	1104	8,93	1179	9,23	1227	9,31	1201	8,82
All races	7020	7,79	7130	7,72	7203	7,62	7171	7,41	7011	7,08

TABLE III.21 Corrected Deaths by Age, Sex and Race : 1985

RACE	AGE GROUPS															
	UNDER 1 YEAR		1 YEAR		2 to 4 YEARS		TOTAL UNDER 5 YEARS		5 to 9 YEARS		10 to 14 YEARS		15 to 24 YEARS		25 to 34 YEARS	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Whites	20	10	-	-	2	-	22	10	1	-	6	1	23	3	30	10
Coloured	173	130	10	11	21	13	204	154	16	15	23	5	127	50	144	49
Asiatic	1	2	1	-	-	1	2	3	-	-	-	-	1	-	2	-
Black:																
Langa	24	25	5	4	5	1	34	30	-	2	2	1	18	3	37	9
Guguletu	72	54	11	5	6	7	89	66	9	3	1	2	69	9	71	23
Rest of City	5	5	-	-	-	-	5	5	-	-	-	-	-	2	8	-
Total	101	84	16	9	11	8	128	101	9	5	3	3	87	14	116	32
TOTAL	295	226	27	20	34	22	356	268	26	20	32	9	238	67	292	91

RACE	35 to 44 YEARS		45 to 54 YEARS		55 to 64 YEARS		65 to 74 YEARS		75 to 84 YEARS		85 YEARS AND UP-WARDS		AGE UNKNOWN		TOTAL		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Persons
Whites	40	25	87	46	196	114	348	253	323	371	113	245	-	-	1189	1078	2267
Coloured	181	102	325	200	361	251	359	308	164	284	39	126	-	-	1943	1544	3487
Asians	-	3	7	1	8	3	9	9	2	4	1	1	-	-	32	24	56
Black:																	
Langa	29	14	37	17	69	8	35	14	10	9	3	4	-	-	274	111	385
Guguletu	52	23	44	39	67	28	58	44	23	32	9	5	-	-	492	274	766
Rest of City	5	1	5	1	12	-	2	1	3	-	-	-	-	-	40	10	50
Total	86	38	86	57	148	36	95	59	36	41	12	9	-	-	806	395	1201
TOTAL	307	168	505	304	713	404	811	629	525	700	165	381	-	-	3970	3041	7011

Table III.22 Deaths from 'Cancer' (Malignant Neoplasms including those of Lymphatic and Haematopoietic tissue) and Death Rates per 100 000 Population : 1985

Int. Code No.	Parts affected	White		Coloured		Asiatic		Black		Total	
		Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
140-9	Malignant neoplasm of buccal cavity and pharynx	14	5	29	5	-	-	8	6	51	5
150	Malignant neoplasm of oesophagus	10	4	36	6	-	-	51	37	97	10
151	Malignant neoplasm of stomach	25	9	69	12	1	7	11	8	106	11
152-3	Malignant neoplasm of intestine	39	14	22	4	-	-	4	3	65	7
154	Malignant neoplasm of rectum	9	3	16	3	-	-	2	1	27	3
155	Malignant neoplasm of liver	11	4	18	3	-	-	14	10	43	4
156	Malignant neoplasm of gall-bladder	4	1	1	0,18	-	-	1	0,73	6	0,60
157	Malignant neoplasm of pancreas	22	8	21	4	-	-	7	5	50	5
161	Malignant neoplasm of larynx	5	2	13	2	-	-	4	3	22	2
162	Malignant neoplasm of bronchus	69	25	76	13	-	-	13	10	158	16
	Malignant neoplasm of lung	34	12	72	13	-	-	8	6	114	12
163	Malignant neoplasm of pleura	-	-	-	-	-	-	-	-	-	-
164	Malignant neoplasm of thymus	-	-	1	0,18	-	-	-	-	1	0,10
170	Malignant neoplasm of bone	4	1	4	1	-	-	-	-	8	0,8
171	Malignant neoplasm of connective and other soft tissue	-	-	6	1	-	-	3	2	9	0,90
172-3	Malignant neoplasm of skin	4	1	-	-	-	-	1	0,73	5	0,50
174-5	Malignant neoplasm of breast	37	14	60	11	-	-	7	5	104	10
179	Malignant neoplasm of uterus	4	1	3	0,52	1	7	1	0,73	9	0,90
180	Malignant neoplasm of cervix uteri	1	0,37	19	3	-	-	14	10	34	3
182	Malignant neoplasm of uterus	1	0,37	2	0,35	-	-	-	-	3	0,30
183	Malignant neoplasm of ovary	11	4	6	1	-	-	4	3	21	2
184	Malignant neoplasm of unspecified female genital organs	1	0,37	2	0,35	-	-	-	-	3	0,30
185	Malignant neoplasm of prostate	28	10	15	3	-	-	5	4	48	5
188	Malignant neoplasm of bladder	15	5	12	2	-	-	3	2	30	3
189	Malignant neoplasm of kidneys	7	3	-	-	-	-	2	1	9	0,90
190	Malignant neoplasm of eye	-	-	2	0,35	-	-	-	-	2	0,20
191	Malignant neoplasm of brain	6	2	4	1	-	-	2	1	12	1
192	Malignant neoplasm of unspecified parts of nervous system	7	3	9	2	-	-	1	0,73	17	2
193-4	Malignant neoplasm of gland	2	1	1	0,18	-	-	1	0,73	4	0,40
199	Malignant neoplasm of unspecified sites	43	16	49	9	-	-	14	10	106	11
200-8	Neoplasm of lymphatic and haematopoietic tissues										
	Malignant neoplasm of other sites	49	18	36	6	3	21	15	11	103	10
	TOTAL	462	169	604	107	5	35	196	144	1267	128

Table III.23 Lung Cancer Mortality over a series of years

YEAR	Whites				Coloured				Asiatic				Black				Coloured Asiatic & Black			
	Oeaths		Rates per 100 000 population		Oeaths		Rates per 100 000 population		Oeaths		Rates per 100 00 population		Deaths		Rates per 100 000 population		Oeaths		Rates per 100 00 population	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1947	21	3	23,5	3,1	-	-	-	-	-		-	-	-	-	-	-	4	2	4,1	2,0
1957	46	6	49,8	5,9	-	-	-	-	-	-	-	-	-	-	-	-	27	5	17,0	3,0
1967	57	7	57,1	6,4	-	-	-	-	-	-	-	-	-	-	-	-	51	8	22,9	3,7
1977	76	33	64,0	26,5	-	-	-	-	-	-	-	-	-	-	-	-	115	26	38,6	9,3
1980	82	32	66,0	24,6	97	31	39,5	12,3	-	1	-	16,2	33	5	45,9	11,4	130	37	40,2	12,2
1981	73	29	57,9	21,9	81	26	32,2	10,0	-	-	-	-	23	2	31,0	4,4	104	28	31,3	9,0
1982	73	35	57,1	26,1	107	31	41,4	11,7	-	-	-	-	22	2	28,7	4,3	129	33	37,8	10,3
1983	75	30	57,8	22,0	120	30	45,2	11,0	-	-	-	-	16	6	22,2	12,4	136	36	38,7	11,0
1984	68	30	51,6	21,7	122	34	44,8	12,1	-	-	-	-	15	3	18,3	6,0	137	37	38,0	11,0
1985	71	32	53,1	22,8	112	36	40,0	12,5	-	-	-	-	18	3	21,3	5,8	130	39	35,0	11,3

Table III.24 Percentage of male persons dying of Lung Cancer under the age of 55 years and at or over the age of 55 years : 1979 - 1985

	WHITE		COLOURED		ASIATIC		BLACK		TOTAL COLOURED ASIATIC AND BLACK	
	Under 55 yrs	Over 55 yrs	Under 55 yrs	Over 55 yrs	Under 55 yrs	Over 55 yrs	Under 55 yrs	Over 55 yrs	Under 55 yrs	Over 55 yrs
	%	%	%	%	%	%	%	%	%	%
1979	8	92	-	-	-	-	-	-	39	61
1980	11	89	29	71	-	-	36	64	31	69
1981	11	89	28	72	-	-	52	48	34	66
1982	14	86	35	65	-	-	36	64	27	73
1983	11	89	28	72	-	-	23	77	27	73
1984	12	88	32	68	-	-	40	60	33	67
1985	9	91	36	64	-	-	28	72	35	65

Table III.25 Selected Causes of Death by Race : 1985

I.C.D. No.	Cause of death	White	Coloured	Asiatic	Black	Total
002	Typhoid fever	-	-	-	-	-
004,5,8,9	Dysentery and					
555,6,8	Gastro Enteritis	2	15	1	24	42
011	Tuberculosis Pulmonary	3	63	-	77	143
010,012-018	Tuberculosis, Other Forms	-	3	-	12	15
032	Diphtheria	-	-	-	-	-
033	Whooping Cough	-	-	-	-	-
036	Meningococcal Infections	-	6	-	1	7
037	Tetanus	-	-	-	-	-
038	Septicaemia	28	44	3	16	91
045	Acute Poliomyelitis	-	-	-	-	-
055	Measles	-	5	-	13	18
070	Viral Hepatitis	-	-	-	3	3
084	Malaria	-	-	-	-	-
090-099	Syphilis	-	5	-	4	9
	Other Infective and Parasitic Diseases	-	5	-	3	8
140-208	Malignant Neoplasms	462	604	5	196	1267
210-239	Benign Neoplasms	1	1	-	1	3
250	Diabetes Mellitus	17	78	-	15	110
260-269	Nutritional Deficiencies	-	2	-	5	7
270-279	Other metabolic and immunity disorders	1	6	-	1	8
280-289	Anaemias	-	5	-	1	6
290-299	Organic psychotic condition	7	5	-	3	15
303	Alcohol dependence syndrome	1	3	-	2	6
320-359	Diseases of Nervous System	21	35	-	18	74
390-392	Rheumatic Fever	-	-	-	-	-
393-398	Heart Disease - Rheumatic	3	13	-	4	20
401-405	Hypertensive Disease	12	39	-	13	64
410-414	Heart Disease - Degenerative	421	356	13	22	812
415-417	Diseases of Pulmonary Circulation	29	37	2	13	81
420-429	Heart Disease - Other	138	240	8	50	436
430-438	Cerebrovascular Diseases	160	293	5	59	517
440-448	Diseases of Arteries	38	27	1	4	70
451-459	Diseases of Veins and Lymphatics and Other diseases of Circulatory System	2	3	-	2	7
480-486	Pneumonia	86	141	2	60	289
487	Influenza	1	-	-	-	1
490-491,466	Bronchitis	9	14	-	-	23
492	Emphysema	20	9	-	2	31
493	Asthma	11	63	3	6	83
496	Chronic Obstructive Airways Disease	55	97	1	6	159
460-465 470-478	Other Diseases of Respiratory					
494,500-519	System	28	39	1	16	84
531-535	Ulcer of Stomach and Duodenum	3	13	-	1	17
540-543	Acute Appendicitis	-	-	-	-	-
550-553,560	Intestinal Obstruction and Hernia	-	1	-	-	1
562-570	Other Diseases of Digestive					
572-579,557	System	33	39	1	17	90
571,609	Cirrhosis of Liver	8	8	-	4	20
580-589	Nephritis	50	86	1	19	156
590-608	Other Diseases of Genito-					
610-629	Urinary System	4	2	-	2	8

Table III.25 Continued

I.C.D. No.	Cause of death	White	Coloured	Asiatic	Black	Total
630-648	Complications of Pregnancy	-	-	-	1	1
660-669	Complications of Normal Labour and Delivery	-	-	-	-	-
670-676	Complications of Puerperium	-	-	-	-	-
680-709	Diseases of the Skin and Subcutaneous Tissue	1	1	-	1	3
710-719	Arthropathies disorders	2	6	-	2	10
740-759	Congenital Anomalies	9	39	2	27	77
760-779	Perinatal Mortality	18	187	1	82	288
780-796	Symptoms and Ill Defined Conditons	6	12	1	4	23
797	Senility	355	160	2	18	535
798-799	Sudden Death, Cause Unknown	57	147	2	77	283
800-807	Railway accidents	3	23	-	16	42
810-829	Motor Vehicle Accidents	34	172	1	65	272
850-869	Accidental poisoning	-	3	-	2	5
880-888	Accidental falls	19	17	-	7	43
890-899	Accidents caused by fire and flames	3	12	-	10	25
910	Accidental drowning	10	28	-	9	47
	All Other accidents	5	7	-	2	14
950-959	Suicide	53	25	-	7	85
960-969	Homicide	13	201	-	153	367
970-978	Legal Intervention	-	17	-	13	30
980-987	Injury Accidental or Purposeful	1	-	-	-	1
	Other Causes	23	25	-	10	59
	TOTAL	2267	3487	56	1201	7011

Table III.26 Deaths and Death Rates per 1 000 population due to Myocardial Infarction (ICD Code No. 410) : 1981 - 1985

RACE		1981		1982		1983		1984		1985	
		M	F	M	F	M	F	M	F	M	F
White	Deaths	205	169	208	133	221	142	187	146	204	112
	Rate	1,63	1,28	1,63	0,99	1,70	1,04	1,42	1,06	1,53	0,80
Coloured	Deaths	170	96	136	100	141	113	126	110	137	83
	Rate	0,67	0,37	0,53	0,38	0,53	0,41	0,46	0,39	0,49	0,29
Asiatic	Deaths	10	3	13	2	9		6	2	8	1
	Rate	1,56	0,47	1,97	0,30	1,33		0,86	0,29	1,11	0,14
Black	Deaths	5	2	7	4	5	7	7	6	10	3
	Rate	0,07	0,04	0,09	0,09	0,06	0,14	0,09	0,12	0,12	0,06

Table III.26A White Death Rates due to Ischaemic Heart Disease: 1969 - 1985

YEAR	I.C.D.Rev.	Codes	Deaths	Population	Rate/10^3 Population
1969	7	420-422	518	214540	2,41
1970	7	420-422	524	219738	2,38
1971	7	420-422	490	222983	2,2
1972	7	420-422	(477)*	226276	2,11
1973	8	410-414	591	229617	2,57
1974	8	410-414	525	233008	2,25
1975	8	410-414	488	236449	2,06
1976	8	410-414	471	239941	1,96
1977	8	410-414	511	243484	2,1
1978	8	410-414	545	247080	2,21
1979	8	410-414	501	250728	2
1980	9	410-414	495	254431	1,95
1981	9	410-414	453	258188	1,75
1982	9	410-414	430	262001	1,64
1983	9	410-414	407	265870	1,53
1984	9	410-414	436	269796	1,62
1985	9	410-414	421	273780	1,54

*(Estimate based on seven months of registrations of deaths).

NB (i) Correlation coefficient of rates with years since 1970, - = -0,86

(ii) Populations revised in the light of 1980 census data so rates differ from those previously published.

Table III.27 Deaths and Death Rates due to Measles by Race Group : 1976 - 1985

MEASLES										
YEAR	Deaths					Rate per 100 000 population				
	White	Coloured	Asiatic	Black	Total Coloured, Asiatic and Black	White	Coloured	Asiatic	Black	Total Coloured, Asiatic and Black
1976	0	-	-	-	34	-	-	-	-	6,05
1977	0	-	-	-	41	-	-	-	-	7,10
1978	0	-	-	-	37	-	-	-	-	6,24
1979	0	-	-	-	13	-	-	-	-	2,13
1980	0	6	0	13	19	-	1,21	-	11,22	3,03
1981	0	3	0	4	7	-	0,59	-	3,34	1,09
1982	0	4	0	9	13	-	0,76	-	7,28	1,97
1983	0	3	0	9	12	-	0,56	-	7,05	1,77
1984	0	3	0	3	6	-	0,54	-	2,28	0,86
1985	0	5	0	13	18	-	0,88	-	9,55	2,51

Table III.28 Deaths and Death Rates due to Influenza (ICD Code No. 487) Bronchitis (ICD Code Nos. 466,490-491) and Pneumonia (ICD Code Nos 480-486) by Race Group : 1976 - 1985

	INFLUENZA				BRONCHITIS				PNEUMONIA (all forms)			
YEAR	White		Coloured, Asiatic and Black		White		Coloured, Asiatic and Black		White		Coloured, Asiatic and Black	
	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000
1976	1	0,42	3	0,53	7	2,92	23	4,09	126	52,51	550	97,87
1977	2	0,82	2	0,35	12	4,93	26	4,50	98	40,25	405	70,15
1978	0	0	2	0,34	5	2,02	27	4,55	85	34,40	301	50,74
1979	0	0	2	0,33	4	1,60	20	3,28	81	32,31	293	48,07
1980	2	0,79	5	0,80	4	1,57	29	4,63	86	33,80	251	40,08
1981	3	1,16	3	0,47	6	2,23	21	3,26	89	34,47	271	42,12
1982	3	1,15	0	0	5	1,91	15	2,27	93	35,50	283	42,81
1983	0	0	1	0,15	4	1,50	19	2,80	104	39,12	254	37,39
1984	0	0	1	0,14	4	1,48	11	1,58	97	35,95	272	38,97
1985	1	0,37	0	-	9	3,29	14	1,95	86	31,41	203	28,31

Table III.29 Deaths due to Bronchitis (ICD Code 466, 490, 491) and Pneumonia (ICD Code 480-486) by Race and Age : 1984 - 1985

	1984					1985				
	White	Coloured	Asiatic	Black	Total	White	Coloured	Asiatic	Black	Total
Under 1 year	3	48		23	74	1	26	-	13	40
1-2 years		2		4	6		2	-	5	7
2-4 years		4			4		2	1	3	6
Total under 5 years	3	54		27	84	1	30	1	21	53
All other ages	98	156	2	44	300	94	125	1	39	259
TOTAL	101	210	2	71	384	95	155	2	60	312

Table III.30 Deaths of Infants under the age of one year due to Diarrhoea and Gastro-Enteritis by Race Group : 1976 - 1985

	DIARRHOEA AND ENTERITIS											
YEAR	White		Coloured		Asiatic		Black		Total Coloured Asiatic and Black		All Races	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1976	1	0							105	129	106	129
1977	0	0							68	54	68	54
1978	0	0							44	23	44	23
1979	0	0							26	20	26	20
1980	0	0	10	10	0	0	12	7	22	17	22	17
1981	0	0	3	6	0	0	13	10	16	16	16	16
1982	0	0	10	14	0	0	11	15	21	29	21	29
1983	0	0	8	8	0	0	13	8	21	16	21	16
1984	0	0	9	5	0	0	12	15	21	20	21	20
1985	0	0	3	4	0	0	11	8	14	12	14	12

Table III.31 General Mortality in Langa and Guguletu 1985 : illustrating the ten principal causes of Deaths (all ages)

LANGA				GUGULETU			
Rank	Cause	No.	%	Rank	Cause	No.	%
1	Malignancy	76	20	1	Malignancy	114	15
2	Homicide	39	10	2	Homicide	104	14
2	Accidental deaths	39	10	3	Perinatal deaths	74	10
4	Senility/Ill Defined	35	9	4	Accidental deaths	72	9
5	Perinatal mortality	31	8	5	Senility/Ill Defined	60	8
6	Pulmonary tuberculosis	24	6	6	Pulmonary tuberculosis	50	7
7	Pneumonia	21	5	7	Cerebrovascular disease	39	5
8	Cerebrovascular disease	18	5	8	Pneumonia	37	5
9	"Other" heart disease *	12	3	8	"Other" heart disease *	37	5
10	Gastro enteritis/dysentry	8	2	10	Gastro enteritis/dysentry	16	2
10	Ischaemic heart diseease	8	2				
	Other	74	19		Other	163	21
	TOTAL	385			TOTAL	766	

*(i.e. "Other than Myocardial infarction)

Table III.32 Accidental Deaths by Cause : 1981 - 1985

	1981	1982	1983	1984					1985				
	T	T	T	W	C	A	B	T	W	C	A	B	T
Railway	62	47	43	1	39	1	19	60	3	23	-	16	42
Road Traffic	365	354	327	46	211	-	84	341	34	172	1	65	272
Poisoning	10	18	16	1	4	-	3	8	-	3	-	2	5
Falls	74	64	46	17	17	-	7	41	19	17	-	7	43
Drowning	38	32	41	15	22	-	10	47	10	28	-	9	47
Asphyxia	2	-	1	1	1	-	-	2	-	-	-	-	-
Burns	32	30	19	2	20	-	11	33	3	12	-	10	25
Firearms	-	-	-	-	-	-	-	-	-	-	-	-	-
Electrocution	2	3	1	1	-	-	-	1	2	3	-	-	5
Miscellaneous	51	52	34	14	29	-	11	54	23	24	-	12	59
TOTAL	636	600	528	98	343	1	145	587	94	282	1	121	498

Table III.33 Suicidal Deaths by Race and Sex : 1981 - 1985

YEAR	White		Coloured		Asiatic		Black		Total			Rate per 1 000
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Persons	
1981	17	8	14	3	-		1	-	32	11	43	0,05
1982	23	13	15	4	-	-	3	1	41	18	59	0,06
1983	28	10	13	3	-		1	-	42	13	55	0,06
1984	29	8	7	4	-		3	-	39	12	51	0,05
1985	42	11	23	2	-	-	4	2	69	15	84	0,08

Table III.34 Suicidal Deaths by Age Group and Race : 1981 - 1985

	10-14					15-24					25-44					45-64					65+					
YEAR	W	C	A	B	Total	W	C	A	B	Total	W	C	A	B	Total	W	C	A	B	Total	W	C	A	B	Total	TOTAL
1981	-	-	-	-	-	1	2	-	-	3	8	12	-	-	20	5	3	-	1	9	11	-	-	-	11	43
1982	-	-	-	-	-	3	1	-	-	4	15	14	-	2	16	11	4	-	2	6	7	-	-	-	-	59
1983	-	1	-	-	1	13	2	-	-	15	6	10	-	-	16	13	2	-	1	16	6	1	-	-	7	55
1984	-	-	-	-	-	7	2	-	1	10	16	8	-	1	25	6	-	-	1	7	8	1	-	-	9	51
1985	-	-	-	-	-	5	8	-	1	14	20	13	-	3	36	20	4	-	2	26	8	-	-	-	8	84

Table III.35 Suicidal Deaths by Method Adopted : 1981 - 1985

	1981	1982	1983	1984					1985				
	T	T	T	W	C	A	B	T	W	C	A	B	T
Drug Poisoning	13	13	12	5	5	-	-	10	14	6	-	1	21
Hanging	13	17	17	4	3	-	3	10	3	9	-	2	14
Firearms	13	15	15	14	-	-	-	14	19	5	-	-	24
Carbon monoxide Poisoning	1	8	4	10	-	-	-	10	12	2	-	1	15
Falls	2	4	6	2	1	-	-	3	3	2	-	1	6
Railway	-	-	-	-	-	-	-	-	-	-	-	-	-
Drowning	-	-	-	1	-	-	-	1	2	-	-	-	2
Wounds	-	-	-	-	1	-	-	1	-	1	-	-	1
Electrocution	1	-	-	-	-	-	-	-	-	-	-	-	-
Burns	-	-	-	1	1	-	-	2	-	-	-	1	1
Inhalation	-	-	1	-	-	-	-	-	-	-	-	-	-
Suffocation	-	-	-	-	-	-	-	-	-	-	-	-	-
Starvation	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	43	59	55	37	11	-	3	51	53	25	-	6	84

Table III.36 Deaths of Infants under one year and Infant Mortality Rates by Race and Sex : 1984 - 1985

	INFANT DEATHS						RATE PER 1 000 LIVE BIRTHS					
	1984			1985			1984			1985		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
White	18	9	27	20	10	30	13,51	7,16	10,43	16,05	8,53	12,41
Coloured	201	156	357	173	130	303	23,20	18,55	20,91	19,72	15,37	17,58
Asiatic	3	3	6	1	2	3	130,43	130,43	130,43	27,02	90,90	50,85
Blacks:												
Langa	20	22	42	24	25	49	20,66	23,23	21,93	27,91	29,21	28,55
Guguletu	43	57	100	72	54	126	26,88	35,85	31,35	48,55	37,11	42,89
Rest of City	15	2	17	5	5	10	144,23	17,54	77,98	42,37	38,76	40,49
Total	78	81	159	101	84	185	29,19	30,55	27,87	41,04	34,43	37,75
TOTAL	300	249	549	295	226	52,1	23,64	20,18	21,93	23,57	18,69	21,17

Table III.37 Infant Deaths and Infant Mortality Rates by Race : 1981 - 1985

RACE	1981		1982		1983		1984		1985	
	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate
White	27	9,4	34	11,7	30	10,6	27	10,4	30	12,4
Coloured	273	18,8	334	21,0	320	19,3	357	20,9	303	17,6
Asiatic	3	20,4	5	38,8	6	71,4	6	130,4	3	50,9
Blacks	151	34,6	169	37,1	162	32,3	159	29,9	185	37,8
All Races	454	20,7	542	23,1	518	21,2	549	21,9	521	21,2

Table III.38 Deaths of Infants under one year of age by Selected Causes and Ages : 1985

			DAYS								WEEKS			
International Code No.	DISEASE	RACE	Under 1	1	2	3	4	5	6	Total under 1 week	1	2	3	Total under 4 weeks
004,5,6,7,8,9 555,556,558	Diarrhoea and enteritis	W												
		C												
		A												
		B												
010-012 014-018	Tuberculosis, Pulmonary and other forms	W												
		C												
		A												
		B												
013	Tuberculosis, meningeal	W												
		C												
		A												
		B												
032	Diphtheria	W												
		C												
		A												
		B												
033	Whooping cough	W												
		C												
		A												
		B												
036	Meningococcal infections	W												
		C												
		A												
		B												
038	Septicaemia	W												
		C												
		A												
		B										1		1
055	Measles	W												
		C												
		A												
		B												
070	Viral Hepatitis	W												
		C												
		A												
		B												
090	Syphilis, congenital	W												
		C		1			1			2		1		3
		A												
		B	1						1	2				2
264-268	Avitaminosis	W												
		C												
		A												
		B												
260-263,269	Nutritional Maladjustment	W												
		C												
		A												
		B												
320-323	Simple meningitis	W												
		C									1		1	2
		A												
		B										1		1
466,490-1	Bronchitis	W												
		C		1			1			2	1	1		4
		A												
		B												

Table III.38 Deaths of Infants under one year of age by Selected Causes and Ages : 1985 continued

International Code No.	DISEASE	RACE	DAYS								WEEKS			
			Under 1	1	2	3	4	5	6	Total under 1 week	1	2	3	Total under 4 weeks
480-6	Pneumonia (all forms)	W												
		C												
		A												
		B				1				1			1	2
740-759	Congenital Anomalies	W	2			2				4		1	1	6
		C	7	6	2			1		16	2	3		21
		A	1	1						2				2
		B	3	7			2			12	1	2		15
767	Injury at birth	W												
		C		1						1				1
		A												
		B												
772-775	Haemolytic Diseases of new born	W										1		1
		C		1	1	1				3	4			7
		A												
		B	1	1						2				2
760-764,766, 768-771,776-779	Other Diseases peculiar to early infancy	W	1	2						3				3
		C	6	12	6	3	1	3	1	32	6	2	3	43
		A	1							1				1
		B	3	3	2	2	2	2		14	1	3		18
765	Prematurity	W	7	3		1		1		12				12
		C	38	32	10	5	10	3	3	101	6	5	1	113
		A												
		B	22	13	3			3	1	42	2			44
900-949	Accidental	W												
		C												
		A												
		B												
	Other and ill-defined or unknown causes	W	1							1				1
		C		2			1		1	4	3		2	9
		A												
		B	2							2	1	2	1	6
	TOTALS	W	11	5		3		1		20		2	1	23
		C	51	56	19	9	14	7	5	161	23	12	7	203
		A	2	1						3				3
		B	32	24	5	3	4	5	2	75	5	9	2	91
		T	96	86	24	15	18	13	7	259	28	23	10	320

W = White; C = Coloured; A = Asiatic; B =

Table III.38 Deaths of Infants under one year of age by Selected Causes and Ages : 1985 continued

International Code No.	DISEASE	RACE	MONTHS											TOTAL under one year			Black Townships included in foregoing columns					
																	Langa			Guguletu		
			1	2	3	4	5	6	7	8	9	10	11	M	F	Persons	M	F	Persons	M	F	Persons
004,5,6,7,8,9 555,556,558	Diarrhoea and enteritis	W																				
		C	1	1	1	1		2		1				3	4	7						
		A																				
		B	2	4	5	4				1	3			11	8	19	3	3	6	8	5	13
010-012 014-018	Tuberculosis, Pulmonary and other forms	W																				
		C																				
		A																				
		B							1	1					2	2					1	1
013	Tuberculosis, meningeal	W																				
		C																				
		A																				
		B																				
032	Diphtheria	W																				
		C																				
		A																				
		B																				
033	Whooping Cough	W																				
		C																				
		A																				
		B																				
036	Meningococcal infections	W																				
		C				1	2							2	1	3						
		A																				
		B																				
038	Septicaemia	W																				
		C																				
		A																				
		B												1		1				1		1
055	Measles	W																				
		C					2			2		1		3	2	5						
		A																				
		B	1						2	1	1	1	2	6	2	8	1	2	3	4		4
070	Viral Hepatitis	W																				
		C																				
		A																				
		B																				
090	Syphilis, congenital	W																				
		C												3		3						
		A																				
		B		1										2	1	3				2		2
264-268	Avitaminosis	W																				
		C																				
		A																				
		B																				

Table III.38 Deaths of Infants under one year of age by Selected Causes and Ages : 1985 continued

International Code No.	DISEASE	RACE	MONTHS 1	2	3	4	5	6	7	8	9	10	11	TOTAL under one year M	F	Persons	Black Townships in foregoing Langa M	F	Persons	included columns Guguletu M	F	Persons
260-263,269	Nutritional Maladjustment	W																				
		C							1				1	2		2						
		A																				
		B		1				1						1	1	2				1	1	2
320-323	Simple meningitis	W																				
		C			2									2	2	4						
		A																				
		B								1				1	1	2				1	1	2
466, 490-1	Bronchitis	W																				
		C				1									1	1						
		A																				
		B																				
480-6	Pneumonia (all forms)	W			1									1		1						
		C	5	5	4	3				1		2	1	16	9	25						
		A																				
		B	4		1	1			2	1	1		1	7	6	13	2		2	5	5	10
740-759	Congenital Anomalies	W	1											5	2	7						
		C	5		1		1	2			1	1		21	11	32						
		A												1	1	2						
		B	3		2	1		2	1	1				10	15	25	2	3	5	7	12	19
767	Injury at birth	W																				
		C										1		2		2						
		A																				
		B																				
772-775	Haemolytic disease of the new born	W												1		1						
		C							1					4	4	8						
		A																				
		B					1							1	2	3		1	1	1	1	2
760-764, 766, 768-771, 776-779	Other diseases peculiar to early infancy	W								1				2	2	4						
		C	4	2	3	3	1	2		1		1		30	30	60						
		A													1	1						
		B	2	5	3		1						1	15	15	30	2	7	9	13	8	21
765	Prematurity	W		1										8	5	13						
		C		1										62	52	114						
		A																				
		B	2		1									29	18	47	8	5	13	20	11	31
900-949	Accidental	W		1										1		1						
		C					1						1	1	1	2						
		A																				
		B		1	1									1	1	2	1	1	2			
	Other and ill-defined or unknown causes	W					1			1				2	1	3						
		C	8	3	4	4	2	2				2	1	22	13	35						
		A																				
		B	1	5	3	1	4		1	2	4	1		16	12	28	5	3	8	9	9	18
	TOTAL	W	1	2	1		1			2				20	10	30						
		C	23	12	15	13	9	8	2	5	1	8	4	173	130	303						
		A												1	2	3						
		B	15	17	16	7	6	3	7	8	9	2	4	101	84	185	24	25	49	72	54	126
		T	39	31	32	20	16	11	9	15	10	10	8	295	226	521	24	25	49	72	54	126

W = White; C = Coloured; A = Asiatic; B = Black

Table III.39 Neo-natal, Post Neo-natal and Infant Mortality Deaths by selected causes of Death : 1985

Cause of death	Neo-natal mortality				Post neo-natal mortality				Infant mortality				
	W	C	A	B	W	C	A	B	W	C	A	B	T
Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis (all forms)	-	-	-	-	-	-	-	2	-	-	-	2	2
Measles	-	-	-	-	-	5	-	8	-	5	-	8	13
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis	-	3	-	2	-	-	-	1	-	3	-	3	6
Bronchitis and pneumonia	-	4	-	2	1	22	-	11	1	26	-	13	40
Gastro enteritis	-	-	-	-	-	7	-	19	-	7	-	19	26
Prematurity	12	113	-	44	1	1	-	3	13	114	-	47	174
Injury at birth	-	1	-	-	-	1	-	-	-	2	-	-	2
Congenital malformations	6	21	2	15	1	11	-	10	7	32	2	25	66
Other diseases of early infancy	3	43	1	18	1	17	-	12	4	60	1	30	95
Other and ill-defined or unknown causes	1	9	-	6	2	26	-	22	3	35	-	28	66
Septicaemia	-	-	-	1	-	-	-	-	-	-	-	1	1
Simple Meningitis	-	2	-	1	-	2	-	1	-	4	-	2	6
Accidental	-	-	-	-	1	2	-	2	1	2	-	2	5
Haemolytic diseases of new born	1	7	-	2	-	1	-	1	1	8	-	3	12
Nutritional maladjustment	-	-	-	-	-	2	-	2	-	2	-	2	4
Meningococcal infection	-	-	-	-	-	3	-	-	-	3	-	-	3
TOTAL	23	203	3	91	7	100	-	94	30	303	3	185	521

Table III.40 Infant Mortality Rates for selected causes of Death : 1976 - 1985

Cause of death	WHITE									
	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985
Whooping cough	-	-		-	-	-	0,4	-	-	-
Tuberculosis	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-
Syphilis	-	-	-	-	-	-	-	-	-	-
Bronchitis and pneumonia	1,3	1,7	1,5	1,5	0,7	0,4	1,7	0,4	1,2	0,4
Gastro enteritis	0,3	-	-	-	-	-	-	-	-	-
Prematurity	3,1	1,0	5,8	2,6	5,1	3,8	2,4	2,1	1,5	5,4
Injury at birth	-	-	0,7	0,4	-	-	-	-	-	-
Congenital malformations	2,2	2,4	2,5	3,3	1,8	2,0	3,1	3,5	1,9	3,0
Other diseases of early infancy	0,6	1,4	1,1	0,7	2,6	1,7	1,7	1,8	1,2	1,7
Other causes	2,5	1,4	1,5	1,9	2,6	1,0	2,8	2,8	4,6	2,1
ALL CAUSES	10	8	13	10	13	9	12	11	10	12

Cause of death	Total Coloured, Asiatic and Black												
	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985			Total
										Coloured	Asiatic	Black	C A & B
Whooping cough	-	0,1	0,1	-	0,1	-	0,0	-	-	-	-	-	-
Tuberculosis	0,4	0,4	0,3	-	0,3	0,2	0,2	0,2	0,0	-	-	0,4	0,1
Measles	1,0	0,9	1,1	0,6	0,5	0,3	0,4	0,2	0,1	0,3		1,6	0,6
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis	0,1	0,1	0,1	0,3	0,1	0,2	-	0,1	0,2	0,2	-	0,6	0,3
Bronchitis and pneumonia	8,9	7,0	6,1	4,5	4,6	2,1	3,9	2,8	3,2	1,5	-	2,7	1,8
Gastro enteritis	11,5	7,6	4,1	2,7	2,2	1,7	2,4	1,7	1,8	0,4	-	3,9	1,1
Prematurity	8,2	8,5	6,9	6,6	7,6	7,0	7,1	6,0	5,5	6,6	-	9,6	7,3
Injury at birth	0,1	0,1	-	-	0,1	0,3	0,3	0,1	0,1	0,1	-	-	0,1
Congenital malformations	1,7	1,7	2,1	1,8	2,2	2,7	2,3	2,3	2,6	1,9	34,0	5,1	2,7
Other diseases of early infancy	2,9	2,4	1,8	2,5	2,2	2,8	3,7	5,8	6,1	3,5	16,9	6,1	4,1
Other causes	8,0	5,7	5,3	3,7	4,0	5,2	4,3	5,8	3,8	1,1	-	7,8	4,1
ALL CAUSES	43	36	28	23	24	22	25	23	23	18	51	38	22

Table III.41 Infant Mortality Rates by selected causes in Quinquennia 1976 - 1985 and annually 1976 - 1985

Period	Common infectious diseases		Tuber-colous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Develop-mental diseases		Miscel-laneous diseases (remainder)		Total mortality (all causes)	
	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B
Quinquennium																
1976-1980	0,1	0,9	-	0,3	-	0,1	1,3	6,2	0,1	5,6	7,3	11,8	2,2	5,7	11,0	30,6
1977-1981	0,1	0,8	-	0,2	-	0,2	1,2	4,9	-	3,7	7,6	12,0	1,9	5,1	10,8	26,8
1978-1982	0,1	0,7	-	0,2	-	0,1	1,2	4,3	-	2,6	8,1	12,1	2,2	4,7	11,5	24,6
1979-1983	0,1	0,5	-	0,1	-	0,1	0,9	3,6	-	2,1	7,7	12,5	2,3	4,5	11,0	23,5
1980-1984	0,1	0,5	-	0,1	-	0,1	0,9	3,3	-	2,0	7,2	13,1	2,8	4,6	11,0	23,6
1981-1985	0,1	0,5	-	0,1	-	0,2	0,8	2,8	-	1,8	7,4	13,6	2,7	4,4	10,9	23,3
Year																
1976	0,3	1,0	-	0,4	-	0,1	1,3	8,9	0,3	11,5	6,0	12,8	2,5	8,1	10,4	43,0
1977	-	1,0	-	0,4	-	0,1	1,7	7,0	-	7,6	4,9	12,6	1,7	6,9	8,3	35,6
1978	-	1,2	-	0,3	-	0,1	1,5	6,1	-	4,1	9,4	10,8	2,2	5,4	13,0	27,9
1979	-	0,6	-	-	-	0,3	1,5	4,5	-	2,7	6,7	10,7	2,2	3,9	10,4	22,6
1980	-	0,6	-	0,3	-	0,1	0,7	4,6	-	2,2	9,5	12,1	2,6	4,0	12,8	23,9
1981	0,4	0,6	-	0,2	-	0,2	0,4	2,2	-	1,7	7,7	13,7	1,0	5,4	9,4	23,8
1982	-	0,6	-	-	-	-	1,7	3,9	-	2,4	7,2	13,1	2,8	4,6	11,7	24,7
1983	-	0,3	-	0,2	-	0,1	0,4	2,8	-	1,7	7,5	12,8	2,8	4,8	10,6	22,5
1984	-	0,4	-	0,0	-	0,2	1,2	3,1	-	1,8	4,2	13,7	5,0	4,0	10,4	23,3
1985	-	0,7	-	0,1	-	0,3	0,4	1,8	-	1,2	10,3	14,8	1,7	3,3	12,4	22,1
INFANTS FROM 1 TO 2 YEARS OF AGE *																
1976-1980	-	0,9	-	0,1	-	-	0,2	1,2	0,2	0,8	0,3	0,4	0,4	1,6	1,1	5,2
1977-1981	-	0,8	-	0,1	-	-	0,1	0,7	0,2	0,7	0,3	0,5	0,5	1,5	1,0	4,3
1978-1982	-	0,6	-	0,1	-	-	-	0,5	0,2	0,3	0,3	0,4	0,4	1,4	0,9	3,6
1979-1983	-	0,5	-	0,1	-	-	-	0,4	0,1	0,3	0,4	0,5	0,4	1,3	0,8	3,0
1980-1984	-	0,4	-	0,1	-	-	-	0,4	-	0,3	0,3	0,5	0,5	1,1	0,7	2,7
1981-1985	-	0,2	-	0,1	-	-	-	0,3	-	0,3	0,1	0,4	0,5	1,1	0,5	2,4
Year																
1976	-	0,9	-	0,1	-	-	0,6	2,6	-	1,9	-	0,4	0,9	1,9	1,5	7,8
1977	-	1,3	-	0,1	-	-	0,3	1,1	-	1,5	-	0,6	0,6	1,3	1,0	5,8
1978	-	0,9	-	0,1	-	-	-	0,9	0,4	-	-	0,3	0,7	1,8	1,1	5,1
1979	-	0,4	-	0,1	-	-	-	0,6	0,4	0,4	0,4	0,1	-	1,9	0,7	3,6
1980	-	1,1	-	0,2	-	-	-	0,6	-	0,1	1,1	0,8	-	1,1	1,1	3,6
1981	-	0,3	-	-	-	-	-	0,3	-	0,8	-	0,7	1,1	1,2	1,1	3,3
1982	-	0,3	-	0,1	-	-	-	0,3	-	0,2	-	0,3	0,4	1,2	0,4	2,3
1983	-	0,3	-	0,2	-	-	-	0,4	-	0,2	0,4	0,4	0,4	1,0	0,7	2,2
1984	-	0,1	-	0,1	-	-	-	0,3	-	0,1	-	0,2	0,4	1,1	0,4	1,9
1985	-	0,2	-	0,0	-	-	-	0,3	-	0,2	-	0,4	-	1,0	-	2,1

W = White; C = Coloured; A = Asiatic; B = Black
* The rate for the year is calculated on the births (less the deaths under one year) in the previous year.

Table III.42 Infant Deaths under the age of one year by Race, Sex, Place of Death, Legitimacy and whether Neonatal or Post Neonatal : 1985

		LEGITIMATE						ILLEGITIMATE						UNKNOWN						ALL INFANTS					
	Place of Death	Neo-natal			Post neo-natal			Neo-natal			Post neo-natal			Neo-natal			Post neo-natal			Neo-natal			Post neo-natal		
		M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
White	Hospital	14	9	23	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	14	9	23	2	1	3
	Domiciliary	-	-	-	4	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	4
Coloured	Hospital	50	33	83	5	12	17	53	37	90	16	15	31	5	2	7	-	1	1	108	72	180	21	28	49
	Domiciliary	2	3	5	9	8	17	3	5	8	16	7	23	6	4	10	8	3	11	11	12	23	33	18	51
Blacks	Hospital	12	10	22	6	15	21	31	10	41	11	13	24	2	5	7	5	6	11	45	25	70	22	34	56
	Domiciliary	1	1	2	4	5	9	3	6	9	16	7	23	6	4	10	4	2	6	10	11	21	24	14	38
Asiatic	Hospital	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3	-	-	-
	Domiciliary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	Hospital	77	54	131	13	28	41	84	47	131	27	28	55	7	7	14	5	7	12	168	108	276	45	63	108
	Domiciliary	3	4	7	17	13	30	6	11	17	32	14	46	12	8	20	12	5	17	21	23	44	61	32	93
	TOTAL	80	58	138	30	41	71	90	58	148	59	42	101	19	15	34	17	12	29	189	131	320	106	95	201

Table III.43 Infant Mortality Rates by Race and Legitimacy (excluding 63 deaths where Legitimacy not known) : 1984 - 1985

RATE PER 1 000 LIVE BIRTHS - BASED ON NOTIFICATIONS				
RACE	LEGITIMATE		ILLEGITIMATE	
	1984	1985	1984	1985
White	10,04	12,41	0,39	0
Coloured	9,72	7,08	8,44	8,82
Asiatic	130,43	50,85	0	0
Blacks	8,08	11,02	15,78	19,79
TOTAL	9,63	8,49	9,15	10,12

Table III.44 Deaths and Death Rates by Race during the Peri-natal, Neonatal and Post neonatal periods of life : 1984 - 1985

PERI NATAL PERIOD				
	Still births & deaths under 1 week		Rate per 1 000 deliveries based on births and still births	
	1984	1985	1984	1985
White	28	26	10,7	10,7
Coloured	396	414	22,9	23,7
Asiatic	4	4	87,0	66,7
Blacks: Langa	54	57	27,7	32,5
Guguletu	114	113	34,9	37,7
Rest of City	14	12	62,8	47,2
Total	182	182	33,4	36,3
ALL RACES	610	626	24,0	25,1

NEONATAL PERIOD				
	Deaths		Rate per 1 000 live births	
	1984	1985	1984	1985
White	12	23	4,6	9,5
Coloured	211	203	12,4	11,8
Asiatic	6	3	130,4	50,9
Blacks: Langa	23	24	12,0	14,0
Guguletu	39	62	12,2	21,1
Rest of City	9	5	41,3	20,2
Total	71	91	13,3	18,6
ALL RACES	300	320	12,0	13,0

Table III.44 Continued

	POST NEONATAL PERIOD			
	Deaths		Rate per 1 000 live births	
	1984	1985	1984	1985
White	15	7	5,8	2,9
Coloured	146	100	8,6	5,8
Asiatic	-	-	-	-
Blacks: Langa	19	25	9,9	14,6
Guguletu	61	64	19,1	21,8
Rest of City	8	5	36,7	20,2
Total	88	94	16,5	19,2
ALL RACES	249	201	10,0	8,2

Table III.45 Peri-Natal, Neonatal and Post-Neonatal Mortality rates : 1981 - 1985

	WHITE			COLOURED			ASIATIC			BLACK			TOTAL		
	Peri-natal	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post neo-natal
1981	13	7	2	21	11	8	14	14	7	32	18	17	22	12	9
1982	9	7	5	23	13	8	31	39	-	31	16	22	23	13	10
1983	11	6	5	24	12	8	47	60	12	36	17	15	25	12	9
1984	11	5	6	23	12	9	87	130	-	33	13	17	24	12	10
1985	11	10	3	24	12	6	67	51	-	36	19	19	25	13	8
Average 1981-1985	11	7	4	23	12	8	49	59	4	34	17	18	24	12	9

Table III.46 Cause - specific Black Infant Mortality (Number of Deaths and rate per 1 000 Live Births for Blacks) : 1985

CAUSES	TOTAL		LANGA		GUGULETU		REST OF CITY	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Diarrhoea and Gastro-enteritis	19	3,9	6	3,5	13	4,4	-	-
Pneumonia (all forms)	13	2,7	2	1,2	10	3,4	1	4,0
Premature birth	47	9,6	13	7,6	31	10,6	3	12,1
Measles	8	1,6	3	1,7	4	1,2	1	4,0
Congenital Malformation	25	5,1	5	2,9	19	6,5	1	4,0
Other Newborn diseases	33	6,7	10	5,8	23	7,8	-	-
Bronchitis	-	-	-	-	-	-	-	-
Nutritional maladjustment	2	0,4	-	-	2	0,7	-	-
Septicaemia	1	0,2	-	-	1	0,3	-	-
Tuberculosis (all forms)	2	0,4	-	-	1	0,3	1	4,0
Meningitis	2	0,4	-	-	2	0,7	-	-
Syphilis	3	0,6	-	-	2	0,7	1	4,0
Cause unknown	17	3,5	4	2,3	13	4,4	-	-
Accidents	2	0,4	2	1,2	-	-	-	-
Other Causes	11	2,2	4	2,3	5	1,7	2	8,1
TOTAL	185	37,7	49	28,6	126	42,9	10	40,5

Table III.47 Maternal Mortality : Deaths from Causes ascribed to Pregnancy and Childbirth (including abortion) and the corresponding death rate per 1 000 Live and Still Births : 1985

Int. Code No.	CAUSE OF DEATH	DEATHS					Maternal mortality rates
		White	Coloured	Asiatic	Black	Total	Total
630-639	Abortion	-	-	-	1	1	0,04
640-648	Complications of Pregnancy	-	-	-	-	-	-
650-659	Normal Labour and Delivery	-	-	-	-	-	-
660-669	Complication in Delivery	-	-	-	-	-	-
670-676	Complications of the Puerperium	-	-	-	-	-	-
TOTAL		-	-	-	1	1	0,04

TABLE III.48 Maternal Mortality Rates (Deaths per 1 000 live and still births) : 1981 - 1985

	Puerperal septicaemia			Other causes			All causes		
	White	C,A&B	Total	White	C,A&B	Total	White	C,A&B	Total
1981	-	-	-	-	0,10	0,09	-	0,10	0,09
1982	-	-	-	-	0,05	0,04	-	0,05	0,04
1983	-	-	-	-	0,05	0,04	-	0,05	0,04
1984	-	-	-	-	0,13	0,12	-	0,13	0,12
1985	-	-	-	-	0,04	0,04	-	0,04	0,04

TABLE III.49 Vital Statistics compared with other Centres

(Latest Available Figures)

CENTRE	YEAR	Birth rate					Death rate					Infant mortality rate					All forms of tuberculosis death rate				
		W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
Cape Town	1985	8,8	30,4	4,1	36,0	24,8	8,3	6,2	3,9	8,8	7,1	12	18	51	38	21	0,01	0,12	-	0,65	0,16
King Williams Town	1984/5	9,7	29,6	19,9	17,0	16,1	6,9	11,8	14,9	7,2	8,2	-	32	-	43	23	-	0,19	-	0,25	0,09
Port Elizabeth	1983/84	15,2	29,0	13,5	24,5	23,2	8,3	8,7	7,1	8,1	8,3	9	34	24	56	43	0,03	0,49	-	0,71	0,50
Springs	1984	14,0	-	6,5	25,0	-	-	-	-	-	-	8	-	-	97	-	-	-	-	-	-
Benoni	1981	17,6	-	25,8	23,1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Durban	1983	9,6	24,9	21,0	19,9	17,9	8,4	4,7	5,5	4,5	6,1	13	10	23	10	18	0,00	0,03	0,03	0,07	0,03
Vereeniging	1984	13,9	17,1	13,5	24,5	-	-	-	-	-	-	35	120	15	26	31	-	-	-	-	-
Pretoria	1981	17,4	24,7	19,0	21,6	19,4	6,7	6,3	3,8	4,8	5,8	15	36	16	43	29	0,01	0,45	0,10	0,34	0,16
Johannesburg	1983	12,6	28,2	21,3	22,7	-	6,8	5,6	3,5	5,6	-	12,4	20,9	18,8	26,4	35	-	-	-	-	-
East London	1971	25,8	40,2	-	85,9	-	12,4	12,9	-	16,5	-	17	63	-	76	-	0,15	1,30	0,49	1,84	-
Germiston	1984	15,8	29,0	28,4	30,3	-	3,8	8,4	1,6	6,3	-	-	29	29	48	-	-	-	-	-	-
Divisional Council of the Cape	1984	14,6	27,4	-	41,3	25,2	7,2	6,3	-	5,1	6,4	10	25	-	38	25	0,01	0,10	-	0,26	0,10
Kimberley	1984	15,2	27,4	37,6	23,3	-	9,2	10,6	10,2	13,3	-	15	73	23	94	-	-	-	-	-	-
South Africa	1983	17,1	31,6	25,7	-	-	8,0	9,3	5,6	-	-	12,6	50,7	18	85,9	-	-	-	-	-	-
England and	1980	-	-	-	-	-	-	-	-	-	11,8	-	-	-	-	-	-	-	-	-	-
Wales	1981	-	-	-	-	12,8	-	-	-	-	-	-	-	-	-	11	-	-	-	-	-
Boston	1982	-	-	-	-	-	-	-	-	-	-	11,6	-	-	24,1	15,8	-	-	-	-	-
Chicago	1982	-	-	-	-	-	-	-	-	-	-	12,3	-	-	25,8	18,7	-	-	-	-	-
Detroit	1982	-	-	-	-	-	-	-	-	-	-	9,4	-	-	26,9	21,8	-	-	-	-	-
Washington	1982	-	-	-	-	-	-	-	-	-	-	7,5	-	-	24,1	21,2	-	-	-	-	-

IV ENVIRONMENTAL HEALTH

Table IV.1 Inspections made by District Health Inspectors : 1985

		Housing		Pests			Surface Sanitation				Water Sewerage		Public Areas			
		Accommodation Establishments	Other Living Accommodation	Mosquitoes	Rodents	Other Pests	Streets/Canals, etc.	Vacant Land	Refuse/Intract	Animals	Water/Supplies	Drainage and Sewerage	Chalets	Public Assembly	Schools, Creches, etc.	Offensive Trades
ROUTINE	Inspection	1304	6319	43	198	135	7084	6964	2522	739	1473	2511	6742	4088	1395	68
	Sampling Specimens etc.	-	4	-	-	-	-	-	-	-	924	-	-	40	2	-
LICENSING	Initial visits	42	24	-	-	-	-	-	-	2	-	-	-	87	41	-
	Repeat visits	41	11	-	-	-	-	-	-	1	-	-	-	31	87	-
SPECIAL	Initial visits	57	492	-	19	3	1012	136	47	227	432	100	263	73	110	11
	Repeat visits	60	264	1	3	12	411	356	62	14	52	67	16	126	56	3
COMPLAINTS	Initial visits	112	1445	60	308	284	348	716	458	338	62	469	30	45	31	4
	Repeat visits	113	1278	41	145	185	326	704	431	295	42	447	25	52	18	9
NOTICES INITIATED	Verbal	18	123	-	2	4	8	49	36	27	-	13	-	14	28	1
	Formal	5	89	-	4	2	-	134	30	24	-	5	-	5	-	-
	Personal	55	238	1	12	5	21	285	64	27	2	35	-	12	3	-
FOLLOW-UP VISITS AFTER NOTICES	Complied	55	352	-	5	5	52	412	64	39	3	74	6	22	22	1
	Not Complied	127	780	2	6	3	30	788	95	32	2	57	29	29	30	1
Court Appearances		-	12	-	1	-	-	1	1	1	-	-	-	1	-	-
Condemning Foodstuffs		-	5	-	-	-	-	-	-	-	-	-	-	-	4	-
Referred - Other Agencies		24	406	38	260	107	608	402	355	74	97	427	156	62	29	-
INTERVIEWS	Telephone	320	2076	69	332	259	799	1423	1005	288	321	656	859	229	303	11
	Own Office	27	303	5	111	62	38	85	40	36	16	52	136	28	23	1
	Other	97	611	5	63	30	216	328	291	69	42	184	137	104	125	13
PLANS	Scrutiny	2	4	-	-	-	-	-	2	1	-	-	-	-	1	-
	Site Inspection	-	9	-	1	1	-	-	-	3	-	-	-	1	3	-
OTHER		2	42	-	-	5	43	5	12	-	18	1	10	3	53	-
TOTAL ITEMS		2461	14887	265	1470	1102	10996	12788	5515	2237	3486	5098	3409	5052	4	123

Table IV.1 continued

		Non Food Commerce/Industry									Food Commerce/Industry					
		Factories/Warehouses	Beauty Salons/Barbers	Dry Cleaners/Laundries	Mattress Makers Upholsterers	Shops/Offices	Workshops/Garages	Hawkers	Petshops and Petboarding	Factories/Warehouses and Markets	Restaurants etc.	Baker Shop	Butcher Shop	Fish Shop	Other Food Shops	Food Vehicles
ROUTINE	Inspection	275	1015	209	88	2466	960	1708	89	6434	12016	1986	5568	2242	13078	1247
	Sampling Specimens etc.	5	2	-	-	4	-	-	-	1791	769	47	1425	6	300	107
LICENSING	Initial visits	87	139	53	41	1543	468	654	11	57	314	47	46	34	278	296
	Repeat visits	41	106	66	20	708	283	136	11	48	437	89	84	32	275	30
SPECIAL	Initial visits	25	151	11	5	111	19	36	2	337	1091	88	726	61	1667	144
	Repeat visits	4	25	3	-	15	12	11	1	18	70	10	37	12	114	18
COMPLAINTS	Initial visits	31	8	9	1	74	21	37	2	64	124	9	39	26	125	46
	Repeat visits	28	7	13	-	63	25	39	6	23	123	7	28	19	103	16
NOTICES INITIATED	Verbal	3	42	14	-	29	21	98	-	293	558	86	371	136	674	145
	Formal	3	27	5	-	22	5	1	-	16	61	12	59	14	94	8
	Personal	2	48	2	-	41	25	5	1	20	226	50	237	49	226	4
FOLLOW-UP VISITS AFTER NOTICES	Complied	8	86	17	-	69	25	44	-	125	461	76	343	107	557	38
	Not Complied	4	93	15	-	75	32	4	-	25	394	122	416	75	700	15
Court Appearances		2	1	1	-	-	-	-	-	2	3	3	18	1	31	1
Condemning Foodstuffs		23	-	-	-	-	-	-	-	2398	8	1	29	5	692	11
Referred Other Agencies		27	6	2	-	33	27	29	-	31	43	1	31	5	203	20
INTERVIEWS	Telephone	107	107	35	11	1117	265	164	18	560	1141	169	318	91	1004	142
	Own Office	5	15	10	-	68	21	390	11	192	89	17	45	8	111	88
	Other	37	75	21	30	229	63	202	3	430	677	149	274	81	598	84
PLANS	Scrutiny	7	-	-	-	2	1	-	-	3	13	1	2	-	8	-
	Site Inspection	4	-	-	1	-	4	-	1	6	11	3	4	1	5	-
OTHER		-	5	1	-	5	4	-	-	18	31	7	45	3	95	4
TOTAL ITEMS		728	1958	487	197	6674	2281	3558	156	12891	18660	2980	10145	3008	20938	2464

Table IV.1. Continued

		Infectious Diseases						
		C S F	Typhoid	Diphtheria	Viral Hepatitis	Other	Other	TOTALS
ROUTINE	Inspection	122	66	1	53	96	784	92088
	Sampling Specimens etc.	-	111	2	-	498	202	6239
LICENSING	Initial visits	-	-	-	-	-	18	4282
	Repeat visits	-	-	-	-	-	5	2542
SPECIAL	Initial visits	109	80	9	213	355	359	8581
	Repeat visits	238	30	2	98	50	15	2286
COMPLAINTS	Initial visits	-	-	-	-	5	58	5389
	Repeat visits	-	-	-	-	7	19	4637
NOTICES INITIATED	Verbal	-	-	-	-	3	2	2798
	Formal	-	-	-	-	-	-	625
	Personal	-	-	-	-	7	41	1744
FOLLOW-UP VISITS AFTER NOTICES	Complied	-	-	-	-	-	-	3068
	Not Complied	-	-	-	-	-	1	3982
Court Appearances		-	-	-	-	-	1	81
Condemning Foodstuffs		-	-	-	-	-	22	3197
Referred - Other Agencies		9	5	-	3	7	18	3545
INTERVIEWS	Telephone	132	88	1	104	126	516	15166
	Own Office	3	1	-	5	39	76	2157
	Other	13	22	-	11	23	125	5462
PLANS	Scrutiny	-	-	-	-	-	10	57
	Site Inspection	-	-	-	-	-	1	59
OTHER		-	1	-	1	46	1666	2126
TOTAL ITEMS		626	404	15	493	1262	3939	170111

Table IV.2 Applications to trade reported on by the Medical Officer of Health : 1985

			A	B	C	D	E	F
		A Application received B Granting of licences recommended (without conditions) C Granting of licences recommended (subject to conditions) D Number under item C later reported as having complied with conditions E Refusal of licences recommended F Application withdrawn						
Under Provincial Ordinance No. 17 of 1981 (The Registration of Business Ordinance)	Food Premises	Accommodation Establishments	23	18	4	4	1	-
		Bakers	35	27	6	6	2	1
		Butchers	48	35	12	12	1	-
		Cafe Keepers	337	306	25	25	6	3
		Dairy Shops	-	-	-	-	-	-
		Eating Houses	-	-	-	-	-	-
		Fish Mongers and Fish Friers	27	13	11	11	3	-
		Food Manufacturers	20	10	10	10	-	1
		General Dealers	1332	1239	84	84	9	17
		Hawkers	521	491	30	30	-	-
		Restaurants	58	44	13	13	1	-
		Other Food Premises	22	16	5	5	1	-
		SUB TOTAL	2423	2199	200	200	24	22
	Non-Food Premises	Laundries and Dry Cleaners	26	21	5	5	-	2
		Creches or Nursery Schools	19	6	12	12	1	2
		Dealers in Motor vehicles and garages	181	165	14	14	2	3
		Kennels or pet boarding establishments	2	2	-	-	-	-
		Offensive trades	10	10	-	-	-	-
		Places of entertainment	194	184	9	9	1	-
		Workshops	289	275	11	11	3	11
		Other Non Food premises	746	731	10	10	5	12
		SUB TOTAL	1467	1394	61	61	12	23
Under Government Regulations		Mattress Makers and Upholsters	14	14	-	-	-	-
		TOTAL	3904	3607	261	261	36	45

Table IV.3 Applications to trade in Administration Board areas dealth with in 1985

	LANGA	GUGULETU
General Dealer in Foodstuffs	1	11
General Dealer Non-foods	3	-
Purveyor of Milk	-	-
Hawkers	10	-
Butcher	-	2
Storage of Inflammable Substances	-	1
Patent Medicine	2	1
Passenger Undertaking	-	-
Street Photographer	1	-

Table IV.5 Applications dealt with in terms of the Housing Act No. 4 of 1966, as amended, to demolish or to convert dwellings and residential premises to purposes other than residential : 1985

Application Received in terms of Section 85(1)*	Approvals Recommended	Refusals Recommended	H.A. Applications Still Pending
99	72	27	0
Application Received in terms of Section 85(4)**	Approved under Delegated Powers	Refused under Delegated Powers	
24	20	4	0

* Demolition and conversion (conversion in respect of dwellings containing not more than 5 living rooms).

** Conversion of residential premises contaning more than 5 living rooms.

Table IV.6 Sampling under Act No. 54 of 1972 : 1985

	NO. OF SAMPLES	PROSECUTED	WARNING LETTERS	FINES
Cereals	1	-	-	-
Confectionery	3	-	-	-
Cooking oil	1	-	-	-
Fruit juices	4	-	-	-
Meat & meat products	738	37	50	R 3080
Sauces and condiments	4	-	-	
Soft drinks	4	-	-	-
Spreads	1	-	-	-
TOTAL	756	37	50	R 3080

Table IV.7 Rodent Control Operations : 1981 - 1985

	1981	1982	1983	1984	1985
Inspections by senior health inspectors	5099	2863	2508	2195	2012
Inspections re rodents by other health inspectors	401	542	212	174	198
Inspections re mosquitoes by other health inspectors	113	145	60	14	43
SUB TOTAL	5613	3550	2780	2383	2253
Visits made to lands and roadways by pest control operatives:					
re rodents	38209	42314	37046	45070	49606
re mosquitoes	9260	11960	19770	12542	5605
Numbers of notices served:					
Verbal	3	2	19	13	1
Written	12	30	14	2	3
SUB TOTAL	15	32	33	15	4
Number of rodents caught and destroyed:					
Brown rats	5854	6351	4831	6872	5020
Black rats	130	98	77	184	466
Gerbilles	17	-	78	64	-
SUB TOTAL	6001	6449	4986	7120	5486

(The figures given above as to rodents destroyed include only the number of animals whose dead bodies were actually recovered. There is no reason to doubt that many more were destroyed by the methods employed).

Table IV.8 Magistrates' Court Cases heard at the instance of the City Health Department : 1985

NUMBER OF CASES							
Nature of Offence	Total	Suspended Sentences	Fined	Pending	Not Guilty	Total Withdrawn	Total Fines R
Dwelling-house premises and other insanitary conditions	29	2	18	2	-	7	1 130
Insanitary conditions or other offences at food premises	42	1	35	2	-	4	1 830
Selling foodstuffs in contravention of the Foodstuffs, Cosmetics and Disinfectants Act	37	1	36	-	-	-	3 080
Overgrown land	5	-	2	1	-	2	150
Air pollution smoke control	-	-	-	-	-	-	-
Criminal Procedure Act 1977 Section 341 - Compounding tickets	55	-	-	-	-	-	845

(In most of the cases there were two or more separate counts; the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded, the case is recorded in the table accordingly, notwithstanding that the other accused may have been discharged).

Table IV.9 Approvals granted for specific types of fuel burning appliances : 1985

Appliances	Installation of appliance	Retention of appliance	Resiting of appliance	Fuel Conversion of existing appliance	Chimney: replace/ modification	Total number of approvals	No of appliances closed down permanently
Air Heaters	4	2	-	-	1	7	-
Coffee and Chicory roasters	-	-	-	-	-	-	-
Cremators	-	-	-	-	-	-	-
Dryers	-	-	-	-	-	-	-
Dutch oven	-	-	-	-	-	-	-
Forges	-	-	-	-	-	-	-
Furnaces	-	-	-	1	-	1	-
Hot Water Boilers	-	2	-	-	2	4	10
Incinerators	2	1	-	-	-	3	1
Liquid Phase Heaters	1	-	-	2	-	3	1
Other	1	-	-	3	-	4	-
Ovens and Stoves	-	-	-	-	2	2	3
Pizza Ovens	-	1	-	-	-	1	-
Smoke boxes	4	-	-	-	-	4	-
Stand-by Generators	1	-	-	-	-	1	-
Steam Boilers	10	2	-	2	7	21	6
TOTAL	23	8	-	8	12	51	21

Table IV.10 Certificates of approval granted for 1985

	Coal	Coke	Anthra-cite	Parra-fin	C.T.F.	Inter fuel	H.F.O.	Diesel	Wood	Gas	Other	Total
Installation of appliances	2	-	-	-	-	-	7	11	3	-	-	23
Retention of appliances	-	-	-	-	-	-	1	6	1	-	-	8
Resiting of appliances	-	-	-	-	-	-	-	-	-	-	-	-
Fuel Conversion of existing appliance to	-	-	-	3	-	2	-	1	-	-	2	8
Chimney: replace/ modification	1	-	-	1	-	-	3	7	-	-	-	12
Total number of Approvals	3	-	-	4	-	2	11	25	4	-	2	51
No of Appliances closed down permanently	2	1	3	-	-	-	3	9	2	1	-	21

Table IV.11 Air Pollution Control : visits, complaints, notices served, cases referred to Public Prosecutor, plans and licences dealt with : 1985

VISITS MADE IN CONNECTION WITH:		
Routine Inspection		1 141
Other visits		331
Burning of waste		62
Proposed installations		78
Unofficial installations		17
Inspection where approvals have been granted		66
Excessive smoke emission		34
Complaints:	Burning of Waste	55
	Smoke	92
	Other emissions into atmosphere	107
Air pollution monitors - (including Radiation monitors)		856
Court Cases		-
Demonstration of lighting-up fires		4
Diesel vehicle testing		-
Licences		118
Office interviews		796
Plans		17
Zone inspections		3
TOTAL		3 777
Complaints received of:	Burning of Waste material	32
	Other emissions into atmosphere	67
	Smoke	65
TOTAL		164
Notices served re: Nuisances:	Burning of Waste material	19
	Defective appliances	11
	Excessive smoke emissions	3
	On installers	-
	Other emissions	7
	Smoke	1
	Unofficial installations	11
TOTAL		52
Cases referred to Public Prosecutor		-
Licences dealt with		82
Plans dealt with		12

Table IV.12 Air Pollution Monitor Results

AIR POLLUTION MONITOR RESULTS

SUMMARY FOR JANUARY to DECEMBER 1985

POLLUTANT: SULPHUR DIOXIDE - LOCATION: CITY HALL

UNITS: ug/m3	Annual mean	Number of values averaged
SUNDAY	28	984
MONDAY	39	1032
TUESDAY	39	1056
WEDNESDAY	41	1008
THURSDAY	40	1032
FRIDAY	41	1008
SATURDAY	35	1008
00h00 - 01h00	32	289
01h00 - 02h00	32	150
02h00 - 03h00	31	248
03h00 - 04h00	28	281
04h00 - 05h00	26	290
05h00 - 06h00	26	291
06h00 - 07h00	31	280
07h00 - 08h00	42	284
08h00 - 09h00	53	285
09h00 - 10h00	52	284
10h00 - 11h00	49	283
11h00 - 12h00	46	280
12h00 - 13h00	46	290
13h00 - 14h00	42	291
14h00 - 15h00	40	292
15h00 - 16h00	40	291
16h00 - 17h00	40	292
17h00 - 18h00	42	292
18h00 - 19h00	41	293
19h00 - 20h00	38	293
20h00 - 21h00	37	292
21h00 - 22h00	36	293
22h00 - 23h00	36	292
23h00 - 24h00	35	293

For entire period:

Highest 1-hourly value: 275
Mean value: 38

Frequency table of 1-hourly means

Range	No of times mean falls within range	Cumulative total
0-19	1746	1746
20-39	2388	4134
40-59	1483	5617
60-79	595	6212
80-99	234	6446
100-119	132	6578
120-139	85	6663
140-159	43	6706
160-179	23	6729
180-199	12	6741
200-119	2	6743
220-239	1	6744
240-259	3	6747
260-279	2	6749
)280	0	6749

Table IV.13 Air Pollution Monitor Results

AIR POLLUTION MONITOR RESULTS

SUMMARY FOR JANUARY to DECEMBER 1985

POLLUTANT: NITRIC OXIDE - LOCATION: CITY HALL

UNITS: ug/m3	Annual mean	Number of values averaged
SUNDAY	76	42
MONDAY	162	44
TUESDAY	165	45
WEDNESDAY	182	43
THURSDAY	164	43
FRIDAY	187	44
SATURDAY	139	43
00h00 - 01h00	97	298
01h00 - 02h00	66	163
02h00 - 03h00	52	253
03h00 - 04h00	38	285
04h00 - 05h00	30	298
05h00 - 06h00	37	300
06h00 - 07h00	115	290
07h00 - 08h00	281	296
08h00 - 09h00	385	294
09h00 - 10h00	330	290
10h00 - 11h00	214	288
11h00 - 12h00	173	286
12h00 - 13h00	159	295
13h00 - 14h00	142	296
14h00 - 15h00	136	297
15h00 - 16h00	146	297
16h00 - 17h00	166	298
17h00 - 18h00	192	296
18h00 - 19h00	168	298
19h00 - 20h00	155	299
20h00 - 21h00	150	297
21h00 - 22h00	141	300
22h00 - 23h00	148	298
23h00 - 24h00	127	299

For entire period:

Highest 1-hourly value: 2649
Mean value: 154

Frequency table of 1-hourly means

Range	No of times mean falls within range	Cumulative total
0-199	5187	5187
200-399	1268	6455
400-599	283	6738
600-799	87	6825
800-999	34	6859
1000-1199	21	6880
1200-1399	15	6895
1400-1599	5	6900
1600-1799	5	6905
1800-1999	1	6906
2000-2199	4	6910
2200-2399	0	6910
2400-2599	0	6910
2600-2799	1	6911
2800-2999	0	6911
)3000	0	6911

Table IV.14 Air Pollution Monitor Results

AIR POLLUTION MONITOR RESULTS

SUMMARY FOR JANUARY to DECEMBER 1985

POLLUTANT: NITROGEN DIOXIDE - LOCATION: CITY HALL

UNITS: ug/m3	Annual mean	Number of values averaged
SUNDAY	43	720
MONDAY	59	744
TUESDAY	58	768
WEDNESDAY	63	720
THURSDAY	57	720
FRIDAY	55	744
SATURDAY	57	744
0h00 - 1h00	43	212
1h00 - 2h00	37	162
2h00 - 3h00	37	165
3h00 - 4h00	31	197
4h00 - 5h00	27	211
5h00 - 6h00	28	212
6h00 - 7h00	42	202
7hD0 - 8h00	61	208
8h00 - 9h00	76	206
9h00 - 10h00	77	205
10h00 - 11h00	75	206
11h00 - 12h00	74	204
12h00 - 13h00	73	208
13h00 - 14h00	68	210
14h00 - 15h00	65	211
15h00 - 16h00	67	212
16h00 - 17h00	69	212
17h00 - 18h00	71	212
18h00 - 19h00	65	213
19h00 - 20h00	58	213
20h00 - 21h00	55	212
21h00 - 22h00	52	214
22h00 - 23h00	51	213
23h00 - 24h00	48	214

For entire period:

Highest 1-hourly value: 371
Mean value: 57

Frequency Table of 1-hourly means

Range	No of times mean falls within range	Cumulative total
0-49	2241	2241
50-99	2179	4420
100-149	424	4844
150-199	65	4909
200-249	14	4923
250-299	5	4928
300-349	4	4932
350-399	2	4934
)400	0	4934

Table IV.15 Air Pollution Monitor Results

AIR POLLUTION MONITOR RESULTS

SUMMARY FOR JANUARY to DECEMBER 1985

POLLUTANT: OXIDES OF NITROGEN - LOCATION: CITY HALL

UNITS: ug/m3	Annual mean	Number of values averaged
SUNDAY	109	720
MONDAY	200	744
TUESDAY	191	768
WEDNESDAY	216	720
THURSDAY	199	720
FRIDAY	198	744
SATURDAY	168	744
00h00 - 01h00	131	212
01h00 - 02h00	105	162
02h00 - 03h00	87	165
03h00 - 04h00	66	197
04h00 - 05h00	56	210
05h00 - 06h00	61	212
06h00 - 07h00	135	202
07h00 - 08h00	278	208
08h00 - 09h00	381	206
09h00 - 10h00	344	204
10h00 - 11h00	256	204
11h00 - 12h00	224	204
12h00 - 13h00	214	208
13h00 - 14h00	196	210
14h00 - 15h00	186	211
15h00 - 16h00	193	212
16h00 - 17h00	208	212
17h00 - 18h00	228	212
18h00 - 19h00	205	213
19h00 - 20h00	177	212
20h00 - 21h00	169	212
21h00 - 22h00	165	214
22h00 - 23h00	172	212
23h00 - 24h00	159	213

For entire period:

Highest 1-hourly value: 2844
Mean value: 185

Frequency table of 1-hourly means

Range	No of times mean falls within range	Cumulative total
0-199	3188	3188
200-399	1406	4594
400-599	221	4815
600-799	69	4884
800-999	18	4902
1000-1199	7	4909
1200-1399	5	4914
1400-1599	8	4922
1600-1799	1	4923
1800-1999	2	4925
2000-2199	1	4926
2200-2399	1	4927
2400-2599	0	4927
2600-2799	0	4927
2800-2999	1	4928
)3000	0	4929

Table IV.16 Air Pollution Monitor Results

AIR POLLUTION MONITOR RESULTS

SUMMARY FOR JANUARY to DECEMBER 1985

POLLUTANT: SOILING INDEX - LOCATION: CITY HALL

UNITS: S.I. Units	Annual mean	Number of values averaged
SUNDAY	2.0	492
MONDAY	5.8	516
TUESDAY	5.7	516
WEDNESDAY	6.0	540
THURSDAY	5.6	492
FRIDAY	6.6	480
SATURDAY	3.9	492
00h00 - 02h00	1.7	288
02h00 - 04h00	1.5	288
04h00 - 06h00	2.4	284
06h00 - 08h00	9.0	287
08h00 - 10h00	12.5	287
10h00 - 12h00	7.4	286
12h00 - 14h00	5.7	287
14h00 - 16h00	5.4	288
16h00 - 18h00	6.2	288
18h00 - 20h00	3.9	289
20h00 - 22h00	3.1	289
22h00 - 24h00	2.9	279

For entire period:

Highest 2-hourly value: 96.8
Mean value: 5.1

Frequency table of 2-hourly means

Range	No of times mean falls within range	Cumulative total
0-9	2949	2949
10-19	381	3330
20-29	63	3393
30-39	21	3414
40-49	11	3425
50-59	8	3433
60-69	5	3438
70-79	1	3439
80-89	0	3439
90-99	1	3440
)100	0	3440

Table IV.17 Air Pollution Monitor Results

AIR POLLUTION MONITOR RESULTS

SUMMARY FOR JANUARY to DECEMBER 1985

POLLUTANT: LEAD - LOCATION : CITY HALL

UNITS: ug/m3	Annual mean	Number of values averaged
SUNDAY	0.8	492
MONDAY	1.4	516
TUESDAY	1.4	516
WEDNESDAY	1.6	540
THURSDAY	1.4	492
FRIDAY	1.7	480
SATURDAY	1.4	492
00h00 - 02h00	0.9	287
02h00 - 04h00	0.5	287
04h00 - 06h00	0.4	284
06h00 - 08h00	1.5	287
08h00 - 10h00	2.5	285
10h00 - 12h00	1.9	285
12h00 - 14h00	1.5	284
14h00 - 16h00	1.5	286
16h00 - 18h00	1.9	288
18h00 - 20h00	1.4	289
20h00 - 22h00	1.4	288
22h00 - 24h00	1.3	287

For entire period:

Highest 2-hourly value: 15.9
Mean value: 1.4

Frequency table of 2-hourly means

Range	No of times mean falls within range	Cumulative total
0.0-0.9	1475	1475
1.0-1.9	1198	2673
2.0-2.9	481	3154
3.0-3.9	150	3304
4.0-4.9	63	3367
5.0-5.9	27	3394
6.0-6.9	18	3412
7.0-7.9	4	3416
8.0-8.9	8	3424
9.0-9.9	6	3430
10.0-10.9	1	3431
11.0-11.9	4	3435
12.0-12.9	0	3435
13.0-13.9	1	3436
14.0-14.9	0	3436
15.0-15.9	1	3437
)16.0	0	3437

Table IV.18 Air Pollution Atmospheric Pollution Tests

ATMOSPHERIC POLLUTION TESTS

ANNUAL SUMMARY OF MONTHLY MEANS

TOWN: Cape Town LOCATION: Epping Market YEAR: 1985				TOWN: Cape Town LOCATION: Heerengracht, Foreshore YEAR: 1985			
MONTH	SO_2 ug/m3	SOILING INDEX	LEAD ug/m3	MONTH	SO_2 ug/m3	SOILING INDEX	LEAD ug/m3
January	17.0	4.7	0.5	January	21.1	2.8	0.9
February	27.4	7.0	0.7	February	26.1	3.2	1.0
March	10.6	3.4	0.5	March	18.2	4.4	1.2
April	14.4	5.3	0.6	April	19.7	5.2	1.5
May	12.8	6.5	1.0	May	16.0	7.0	2.2
June	8.4	9.3	1.1	June	14.3	7.0	1.9
July	5.9	8.4	1.0	July	10.6	6.8	1.6
August	3.1	7.3	0.9	August	7.4	7.0	1.5
September	3.5	4.0	0.5	September	4.4	3.7	0.8
October	3.0	3.9	0.4	October	8.5	3.7	0.9
November	13.3	4.7	0.6	November	18.9	4.5	0.8
December	5.8	2.8	0.7	December	9.4	2.8	0.8
Annual mean	10.4	5.6	0.7	Annual mean	14.6	4.8	1.3

TOWN: Cape Town LOCATION: Paarden Eiland YEAR: 1985				TOWN: Cape Town LOCATION: Camden Street, Tamboers-kloof YEAR: 1985			
MONTH	SO_2 ug/m3	SOILING INDEX	LEAD ug/m3	MONTH	SO_2 ug/m3	SOILING INDEX	LEAD ug/m3
January@	6.4	2.3	0.5	January	10.9	0.6	0.2
February	4.9	3.3	1.0	February	16.8	1.0	0.3
March	4.6	3.4	1.3	March	15.3	1.5	0.3
April	7.8	4.2	1.0	April	14.7	2.2	0.4
May	5.8	4.6	1.5	May	5.1	1.7	0.4
June	3.8	7.0	1.4	June	3.7	1.4	0.3
July	5.0	6.3	1.5	July	6.0	2.2	0.4
August	1.3	6.8	1.0	August	3.3	2.2	0.4
September	2.3	3.8	0.4	September	1.5	1.1	0.2
October	6.4	3.6	0.9	October	5.8	1.3	0.2
November	6.7	2.9	0.6	November	5.4	1.9	0.3
December	7.2	3.8	0.6	December	2.1	1.3	0.2
Annual mean	5.2	4.3	1.0	Annual mean	7.6	1.5	0.3

Table IV.18 continued

ATMOSPHERIC POLLUTION TESTS

ANNUAL SUMMARY OF MONTHLY MEANS

TOWN: Cape Town LOCATION: City Hospital YEAR: 1985				TOWN: Cape Town LOCATION: Salt River Fire Station YEAR: 1985			
MONTH	SO_2 ug/m3	SOILING INDEX	LEAD ug/m3	MONTH	SO_2 ug/m3	SOILING INDEX	LEAD ug/m3
January	9.6	0.9	0.3	January	23.9	1.9	0.4
February	12.7	0.9	0.2	February	25.4	2.2	0.4
March	9.5	1.7	0.4	March	13.2	3.2	0.7
April	11.9	3.8	0.6	April	16.3	3.8	0.8
May	9.1	4.3	0.9	May	11.5	3.4	0.9
June	8.6	4.5	0.9	June	8.9	3.9	1.0
July	9.9	4.1	0.8	July	12.9	4.2	0.9
August	4.3	4.5	0.5	August	11.5	4.0	1.1
September	5.5	2.2	1.0	September	7.1	3.1	0.5
October	7.8	1.7	0.3	October	10.0	2.4	0.5
November	10.7	2.4	0.3	November	12.7	2.7	0.4
December	6.0	1.4	0.2	December	8.9	1.9	0.3
Annual mean	8.8	2.7	0.5	Annual mean	13.5	3.1	0.7

TOWN: Cape Town LOCATION: City Hall YEAR: 1985			
MONTH	SO_2 ug/m3	SOILING INDEX	LEAD ug/m3
January	43.8	2.0	0.5
February	40.0	1.9	0.5
March	19.0	2.7	0.6
April	16.1	5.4	1.2
May	10.6	5.8	1.6
June	7.5	7.6	1.2
July	11.7	6.7	1.0
August	7.3	8.2	0.9
September	4.7	5.8	0.7
October	10.0	4.6	0.4
November	10.5	3.5	0.5
December	6.7	1.9	0.3
Annual mean	15.7	4.7	0.8

V COMMUNITY HEALTH CARE

Table V.1 Family Planning Clinic Attendances : 1974 - 1985

Year	Individuals attending the clinics	Persons attending for the first time	Total Attendances during the year	Race
1974	42 094	18 701	97 189	All
1975	38 130	9 660	119 136	All
1976	40 755	7 805	127 717	All
1977	45 539	4 454	143 349	All
1978	52 795	3 083	128 587	All
1979	62 632	3 100	174 647	All
1980	63 619	3 845	196 882	All
1981	68 791	4 011	208 804	All
1982	80 148	4 938	217 054	All
1983	78 598	4 434	237 885	All
1984	8 675	764	21 979	White
	61 615	1 554	177 205	Coloured
	429	11	830	Asiatic
	14 829	1 510	41 540	Black
	85 548	3 839	241 554	All
1985	10 814	953	24 307	White
	64 159	2 019	189 940	Coloured
	419	7	870	Asiatic
	15 542	1 279	41 166	Black
	90 934	4 258	256 283	All

Table V.2 The number of individuals attending at various different Family Planning Clinics : 1981 - 1985

CLINIC	1981	1982	1983	1984	1985				
					W	C	A	B	Total
Northern Zone									
Brooklyn	378	364	385	391	367	77	-	13	457
Camps Bay	93	80	143	161	13	64	-	65	142
Chapel Street	639	653	519	609	10	614	1	48	673
Civic Centre	2049	2515	3320	4358	2637	1711	89	346	4783
Devil's Peak	53	6663	83	76	68	10	-	14	92
Factreton	676	617	719	809	-	813	6	4	823
Garden Village	-		77	83	-	102	-	-	102
Kensington	819	605	716	665	-	720	-	13	733
Kloof Street	154	216	293	328	106	138	-	81	325
Langa	3768	4888	4351	3911	-	-	-	4032	4032
Maitland	523	590	526	535	171	297	2	36	506
Sanddrift	37	19	16	20	21	-	-	-	21
Sea Point	786	828	784	803	208	513	2	351	1074
Shortmarket Street	575	639	671	637	37	590	2	67	696
St James	663	664	696	866	300	575	10	68	953
Spencer Road	753	753	582	678	10	622	4	71	707
Thornton	56	50	60	67	54	9	-	7	70
Weizman Hall	-	-	104	149	37	147	-	91	275
Sub Total	12022	13547	14045	15146	4039	7002	116	5307	16464

Table V.2 continued

CLINIC	1981	1982	1983	1984	1985				
					W	C	A	B	Total
Southern Zone									
Blue Route Centre	115	144	145	148	103	40	-	18	161
Claremont	4595	4502	4783	5945	1807	1226	-	2715	5748
Elfindale	266	227	324	375	2	298	-	20	320
Ferness Estate	96	87	77	99	79	7	-	-	86
Guguletu	4002	4038	4036	4178	-	-	-	2901	2901
Kalk Bay	66	83	33	68	-	39	-	11	50
Lansdowne	1279	1286	1033	1300	228	1052	-	182	1462
Lavender Hill	989	829	1087	1002	-	1586	-	16	1602
Meadowridge	132	149	130	224	143	35	-	34	212
Muizenberg	216	217	165	427	169	89	-	78	336
Newlands	-	24	56	71	60	-	-	-	60
Parkwood	683	623	883	800	-	719	-	-	719
Southfield	263	189	283	234	173	18	-	13	204
Retreat	2149	2664	2633	2848	1	2932	-	40	2973
Uluntu	-	-	-	-	-	-	-	2133	2133
Wetton	16	62	75	90	108	8	-	9	125
Wynberg	2425	3862	3044	3250	996	2039	-	878	3913
Sub Total	17292	18986	18787	21059	3869	10088	-	9048	23005
Eastern Zone									
Beacon Valley	-	499	1868	2203	-	3485	5	19	3509
Bokmakierie	787	617	1089	1172	-	1155	10	27	1192
Bonteheuwel	2060	2104	1666	2084	-	2369	-	-	2369
Heideveld	2242	2249	2316	2183	-	2231	-	30	2261
Hanover Park	1630	1565	1610	1672	-	1665	-	-	1665
Honeyside	556	606	816	884	-	1066	33	9	1108
Lentegeur	2251	3135	3441	4876	4	4365	-	65	4434
Manenberg	1245	1932	1941	2171	-	2187	-	-	2187
Netreg	747	752	971	1035	-	1218	-	2	1220
Newfields	406	322	715	741	-	918	26	15	959
Rocklands	1069	1338	1769	2001	-	2401	-	20	2421
Silvertown	1548	1872	1888	1927	-	1694	229	31	1954
Strandfontein	148	213	202	226	-	308	-	15	323
Tafelsig	124	532	931	1227	2	1406	-	-	1408
Westridge	3408	3810	2997	3184	-	4718	-	332	5050
Valhalla Park	460	555	671	763	-	772	-	8	780
Sub Total	18681	22101	24891	28349	6	31958	303	573	32840
TOTAL	47995	54634	57723	64554	7914	49048	419	14928	72309
Factories (Misc.)	20796	25514	20875	20994	2900	15111	-	614	18625
GRAND TOTAL	68791	80148	78595	85548	10814	64159	419	15542	90934

Table V.3 The estimated percentage of women at risk of conceiving who attended Family Planning Clinics at least once in 1984 and 1985, by race

RACE	FEMALE POPULATION	% 15-49	No. 15-49	No. Pregnant	No. infertile (10%)	Inactive (10%)	Balance	Attended	% Cover
	1984								
White	138136	51,7	71416	2608	7142	7142	54524	8675	15,91
Coloured	279921	53,6	150038	17294	15004	15004	102736	61615	59,97
Asian	6955	57,9	4027	46	403	403	3175	429	13,51
Black	50108	55,6	27860	5443	2786	2786	16845	14829	88,03
TOTAL	475120		253341	25391	25335	25335	177280	85548	48,26
	1985								
White	140175	51,7	72470	2424	7247	7247	55552	10814	19,47
Coloured	287246	53,6	153964	17485	15396	15396	105687	64159	60,71
Asian	7160	57,9	4146	60	415	415	3256	419	12,87
Black	51751	55,6	28774	5008	2877	2877	18012	15542	86,29
TOTAL	486332		259354	24977	25935	25935	182507	90934	49,82

Table V.4 Mode of contraception currently used by individuals attending City Health Department Family Planning Clinics : 1985

RACE	PILL		INTRA-MUSCULAR		IUD		STERI-LIZATION *		OTHER		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
White	8989	83,1	1164	10,8	203	1,9	25	0,23	406	3,8	10814	100
Asiatic	197	47,0	102	24,3	26	6,2	1	0,24	93	22,2	419	100
Coloured	27340	42,6	29789	46,4	2121	3,3	739	1,2	4170	6,5	64159	100
Black:												
Guguletu	1567	31,1	3419	67,9	24	0,5	11	0,2	13	0,3	5034	100
Langa	724	18,0	3253	80,7	14	0,3	8	0,2	33	0,8	4032	100
Other centres	2014	31,7	4212	65,0	94	1,5	10	0,2	146	2,3	6476	100
Total Black	4305	27,7	10884	70,0	132	0,8	29	0,2	192	1,2	15542	100
ALL RACES TOTAL	40831	44,9	41939	46,1	2509	2,8	794	0,9	4861	5,3	90934	100

* OPERATIONS PERFORMED DURING THE YEAR.

Table V.5 Analysis of mode of contraception (excluding sterilisation) initially adopted by members of different race groups : 1975 - 1985 (figures reflect the percentage of new acceptors in that group for each year).

Race and Year	Oral Contraception	Intra-muscular Contraception	Intra-uterine Contraceptive Devices	Other
WHITE				
1975	81	16	1	1
1976	74	14	10	2
1977	87	8	1	2
1978	82	11	2	5
1979	89	9	1	2
1980	92	7	0	1
1981	89	6	1	4
1982	86	8	2	4
1983	91	9	0	0
1984	94	4	1	1
1985	93	6	0	1
COLOURED AND ASIANS				
1975	46	51	1	2
1976	52	43	3	2
1977	61	33	3	4
1978	58	33	2	7
1979	63	32	1	4
1980	61	33	1	6
1981	76	19	0	5
1982	79	15	1	5
1983	76	22	0	2
1984	76	21	0	3
1985	69	28	0	3
BLACK				
1975	33	65	2	0
1976	43	55	1	1
1977	37	61	1	1
1978	39	58	2	1
1979	47	51	1	2
1980	45	52	0	2
1981	34	62	1	3
1982	40	48	1	11
1983	32	45	0	23
1984	43	46	-	11
1985	40	58	-	2

Table V.6 Total attendances at Ante-natal Clinics : 1976 - 1985

CENTRE	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985
Northern Zone										
Aspeling Street	1157	853	92	-	-	-	-	-	-	-
Bloemhof	-	-	4	-	-	-	-	-	-	-
Brooklyn	-	-	-	-	-	-	-	1	-	2
Chapel Street	-	-	471	440	252	105	83	121	80	67
Factreton	-	-	-	-	29	31	86	75	82	98
Kensington	660	824	662	449	447	304	199	165	-	109
Langa	2073	1631	1745	2016	2255	2221	2358	2074	2057	1821
Maitland	26	-	67	78	59	48	64	57	46	50
Sea Point	-	-	-	-	-	-	-	4	-	-
Salt River	308	289	37	33	68	30	22	8	24	25
Spencer Road	-	-	147	141	101	63	66	74	54	40
Garden Village	-	-	-	-	-	-	-	-	120	-
Sub Total	4224	3597	3225	3157	3211	2802	2878	2579	2463	2212
Southern Zone										
Guguletu	3606	2131	2521	2243	1844	1625	1352	1020	772	402
Ulundi	1526	-	-	-	-	-	64	40	18	-
Kalk Bay	-	-	-	-	-	-	-	-	-	-
Lansdowne	1098	987	721	434	298	283	119	143	86	48
Lavender Hill	1628	1337	709	346	199	121	69	36	26	24
Parkwood	497	245	187	167	115	135	104	86	35	18
Retreat	2747	2534	1019	472	172	67	52	15	9	11
Wynberg	1314	1046	917	689	651	612	461	374	227	166
Sub Total	12416	8280	6074	4351	3279	2843	2221	1715	1173	669
Eastern Zone										
Athlone	-	-	-	-	-	-	-	-	-	-
Bokmakierie	-	-	193	260	146	156	124	5	3	4
Bonteheuwel	2209	1829	1422	952	848	755	648	569	485	390
Heideveld	1022	890	1003	688	630	486	399	283	189	119
Hanover Park	1391	1134	945	860	672	-	3	-	23	9
Honeyside	-	-	112	102	95	52	29	12	12	6
Lentegeur	-	-	-	-	-	37	39	32	35	8
Manenberg	2096	1264	1205	1059	404	7	4	-	-	1
Netreg	-	-	-	341	383	363	282	-	264	229
Newfields	-	4	78	101	64	39	12	3	2	-
Rocklands	-	-	-	-	-	-	-	3	13	51
Silvertown	2630	2065	1272	840	764	636	324	15	22	43
Westridge	-	12	566	1818	1318	393	239	122	64	38
Valhalla Park	-	-	-	-	-	48	61	33	22	18
Sub Total	9348	7198	6796	7021	5324	2972	2164	1077	1134	916
TOTALS	25988	19075	16095	14529	11814	8617	7263	5371	4770	3797

Table V.7 Number of sessions, first and total attendances at infant welfare, Ante-natal and School Eye Clinics : 1985

CENTRE	INFANT CONSULTATIONS					ANTE-NATAL CLINICS			OPHTHALMIC CLINICS		
			First Attendance		Total attendances	Attendance			Attendance		
	Race	Sessions	Under 1 year	Over 1 year		Sessions	1st	Total	Sessions	1st	Total
Northern Zone											
Brooklyn	W		126	-	2411		-	-		-	-
	C		7	-	82		2	2		-	-
	B		2	-	14		-	-		-	
	T	98	135	-	2507	2	2	2		-	-
Camps Bay	W		49	-	418		-	-		-	-
	C		8	-	50		-	-		-	-
	B		11	-	107		-	-		-	-
	T	23	68	-	575		-	-		-	-
Chapel Street	W		1	-	3		-	-		-	-
	C		217	-	4355		41	66		-	-
	A		2	-	6		-	-		-	-
	B		16	-	75		-	1		-	-
	T	103	236	-	4439	33	41	67		-	-
Devil's Peak	W		89	-	1007		-	-		-	-
	C		9	-	83		-	-		-	-
	B		3	-	105		-	-		-	-
	T	49	101	-	1195		-	-		-	-
Factreton	C	152	409	1	27862	57	94	98		-	-
Garden Village	C	46	39	-	1165		-	-		-	-
Kensington	C	151	268	-	15719	82	99	109		-	-
Kloof Street	W		126	-	1382		-	-		-	-
	C		17	-	240		-	-		-	-
	B		14	-	136		-	-		-	-
	T	51	157	-	1758		-	-		-	-
Langa	B	153	1287	204	25497	47	1788	1821		-	-
Maitland	W		82	-	1518		4	4		-	-
	C		60	-	1490		40	40		-	-
	A		-	-	7		-	-		-	-
	B		6	-	70		6	6		-	-
	T	101	148	-	3085	31	50	50		-	-
Sanddrift	W	12	13	-	142		-	-		-	-
Sea Point	W		151	2	2169		-	-		-	-
	C		36	-	295		-	-		-	-
	B		22	-	232		-	-		-	-
	T	101	209	2	2696		-	-		-	-
Shortmarket Street	W		2	-	27		-	-		-	-
	C		151	-	3750		-	-		-	-
	A		2	-	5		-	-		-	-
	B		2	-	18		-	-		-	-
	T	100	157	-	3800		-	-		-	-
St James Street	W		89	-	1430		-	-		-	-
	C		141	-	3378		23	23		633	1931
	A		2	-	35		-	-		-	-
	B		2	-	51		2	2		-	-
	T	103	234	-	4894	20	25	25	136	633	1931
Spencer Road	W		3	-	40		-	-		-	-
	C		167	-	4852		34	36		-	-
	A		9	-	106		-	-		-	-
	B		1	-	48		4	4		-	-
	T	101	180	-	5046	31	38	40		-	-
Thornton	W		58	-	571		-	-		-	-
	C		5	-	21		-	-		-	-
	B		1	-	15		-	-		-	-
	T	23	64	-	607		-	-		-	-
Weizman Hall	W		17	-	256		-	-		-	-
	C		12	-	227		-	-		-	-
	A		1	-	1		-	-		-	-
	B		13	-	250		-	-		-	-
	T	50	43	-	734						
Sub Total	W		806	2	11374		4	4		-	-
	C		1546	1	63569		333	374		633	1931
	A		16	-	160		-	-		-	-
	B		1380	204	26618		1800	1834		-	-
	T	1417	3748	207	101721	303	2137	2212	136	633	1931

Table V.7 continued

CENTRE	Race	INFANT CONSULTATIONS				ANTE-NATAL CLINICS			OPHTHALMIC CLINICS		
		First Attendance			Total attendances	Attendance			Attendance		
		Sessions	Under 1 year	Over 1 year		Sessions	1st	Total	Sessions	1st	Total
Southern Zone											
Blue Route	W		100	-	1701		-	-		-	-
	C		14	-	139		-	-		-	-
	B		1	-	25		-	-		-	-
	T	48	115	-	1865		-	-		-	-
Claremont	W		414	-	4325		-	-		-	-
	C		40	-	388		-	-		-	-
	B		79	-	1144		-	-		-	-
	T	146	533	-	5857		-	-		-	-
Elfindale	W		4	-	72		-	-		-	-
	C		146	-	3184		-	-		-	-
	B		3	-	38		-	-		-	-
	T	102	153	-	3294		-	-		-	-
Ferness Estate	W		58	-	807		-	-		-	-
	C		2	-	39		-	-		-	-
	T	49	60	-	846		-	-		-	-
Guguletu	B	250	2048	189	43063	49	402	402		-	-
Uluntu	B	178	771	79	22245		-	-		-	-
Kalk Bay	W		2	-	11		-	-		-	-
	C		14	-	861		-	-		-	-
	B		1	-	14		-	-		-	-
	T	48	17	-	886		-	-		-	-
Lansdowne	W		64	-	1130		-	-		-	-
	C		249	-	7098		21	44		-	-
	B		7	-	211		4	4		-	-
	T	154	320	-	8439	27	25	48		-	-
Lavender Hill	C	252	390	5	25581	20	24	24		-	-
Meadowridge	W		145	-	2730		-	-		-	-
	C		-	-	54		-	-		-	-
	B		5	-	94		-	-		-	-
	T	99	150	-	2878		-	-		-	-
Muizenberg	W		97	1	1571		-	-		-	-
	C	-	6	-	202		-	-		-	-
	B	-	9	-	179		-	-		-	-
	T	98	112	1	1952		-	-		-	-
Parkwood	C	154	350	1	17230	12	18	18		-	-
Retreat	C	199	869	6	32287	10	5	11		-	-
Rondebosch	W	-	161	-	2109		-	-		-	-
	C	-	1	-	3		-	-		-	-
	B	-	-	-	1		-	-		-	-
	T	82	162	-	2113		-	-		-	-
Southfield	W	-	218	7	2879		-	-		-	-
	C	-	5	-	46		-	-		-	-
	B	-	3	-	33		-	-		-	-
	T	49	226	7	2958		-	-		-	-
Wetton	W		73	-	1371		-	-		-	-
	C		2	-	27		-	-		-	-
	B		1	-	25		-	-		-	-
	T	49	76	-	1423		-	-		-	-
Wynberg	W		154	-	1791		1	1		-	-
	C		283	-	4867		58	99		-	-
	B		38	-	314		56	66		-	-
	T	104	475	-	6972	27	115	166		-	-
Sub Total	W		1490	8	20497		1	1		-	-
	C		2371	12	92006		126	196		-	-
	A		-	-	-		-	-		-	-
	B		2966	268	67386		462	472		-	-
	T	2061	6827	288	179889	145	589	669		-	-

Table V.7 continued

CENTRE		INFANT CONSULTATIONS				ANTE-NATAL CLINICS			OPHTHALMIC CLINICS		
			First Attendance		Total attendances	Attendance			Attendance		
	Race	Sessions	Under 1 year	Over 1 year		Sessions	1st	Total	Sessions	1st	Total
Eastern Zone											
Beacon Valley	C		1502	106	42446		-	-		-	-
	B		-	-	3		-	-		-	-
	T	349	1502	106	42449		-	-		-	-
Bokmakierie	C		453	1	12428		3	4		-	-
	A		-	-	17		-	-			
	B		2	-	17		-	-			
	T	149	455	1	12462	4	3	4		-	-
Bonteheuwel	C	258	1060	3	48459	162	387	390		-	-
Heideveld	C	253	798	-	27579	84	119	119		-	-
Hanover Park	C	245	775	9	35110	9	1	9		-	-
Honeyside	C		423	5	9887		2	6		-	-
	A		15	1	241		-	-		-	-
	B		1	-	16		-	-			
	T	151	439	6	10144	6	2	6		-	-
Lentegeur	C	202	1192	71	29340	7	2	8		-	-
Manenberg	C	245	804	13	48233	1	1	1		-	-
Netreg	C	151	459	10	22239	127	205	229		-	-
Newfields	C		249	-	6593		-	-		-	-
	A		8	-	170		-	-		-	-
	B		7	-	114		-	-		-	-
	T	100	264	-	6877		-	-		-	-
Rocklands	C	150	820	40	21989	28	10	51		-	-
Silvertown	C		642	3	20790		35	42		561	1574
	A		156	-	2021		-	-		-	-
	B		3	2	13		1	1			
	T	185	801	5	22824	32	36	43	86	561	1574
Strandfontein	C	47	155	18	3868		-	-		-	-
Tafelsig	C		691	103	21774		-	-		-	-
	B		1	-	1		-	-		-	-
	T	149	692	103	21775		-	-		-	-
Westridge	C		1096	51	27485		5	38		-	-
	B		2	2	12		-	-		-	-
	T	197	1098	53	27497	26	5	38		-	-
Valhalla Park	C	144	418	20	18644	12	10	18			
Sub Total	W		-	-	-			-		-	-
	C		11537	453	396864		780	915		561	1574
	A		179	1	2449		-	-		-	-
	B		16	4	176		1	1		-	-
	T	2975	11732	458	399489	498	781	916	68	561	1574
Totals	W		2296	10	31871		5	5		-	-
	C		15454	466	552439		1239	1485		1194	3505
	A		195	1	2609						
	B		4362	476	94180		2263	2307		-	-
	T	6453	22307	953	681099	946	3507	3797	222	1194	3505

Table V.8 Total attendances at Infant Welfare Clinics : 1976 - 1985

CENTRE	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985
Northern Zone										
Aspeling Street	6350	5607	752	-	-	-	-	-	-	-
Bloemhof	2076	2537	4068	5359	4419	269	-	-	-	-
Brooklyn	1978	2338	1869	2214	2333	2269	2122	1863	1951	2507
Camps Bay	322	303	574	476	502	578	646	696	597	575
Chapel Street	-	-	9697	11758	9095	5386	4372	4591	4429	4439
Devil's Peak	525	508	429	405	911	1040	1339	876	930	1195
Factreton	5645	8736	10340	11460	16905	17472	19688	13405	25848	27862
Garden Village	-	-	-	-	-	-	-	1048	1242	1165
Kensington	11858	20770	23209	17478	16289	12860	12487	11886	15078	15719
Kloof Street	2112	2260	2297	2209	1784	2032	2042	1716	1735	1758
Langa	4272	9152	18651	18206	23431	21222	18458	21792	24889	25497
Maitland	2160	2877	3585	3601	3126	2706	2950	2413	3069	3085
Sanddrift	-	229	470	572	241	170	93	134	121	142
Sea Point	2436	2756	3318	3472	3939	3810	3504	2733	2835	2696
Shortmarket Street	3269	3766	4287	4281	4855	3495	2822	2697	3302	3800
Salt River	6729	6222	2972	2415	3833	4038	4224	4652	4769	4894
Spencer Road	-	-	6446	7137	5787	5337	5183	5941	5389	5046
Thornton	473	417	539	433	688	606	887	559	464	607
Weizman Hall	-	-	-	-	-	-	59	673	689	734
Sub Total	50205	68478	93503	91476	98138	83290	80876	77675	97337	101721
Southern Zone										
Lady Buxton	-	613	2239	81	-	-	-	-	-	-
Blue Route	-	-	-	-	492	1574	1427	1671	1559	1865
Claremont (Wesley Street)	1290	-	-	-	-	-	-	-	-	-
Claremont (Station Road)	5326	6843	8420	9318	9114	9040	8172	7175	5660	5857
Elfindale	1903	2371	3498	3125	3084	3255	2979	2608	3388	3294
Ferness Estate	584	859	1158	1540	1329	1414	1385	806	816	846
Free Ground (Vrygrond)	-	-	-	956	787	447	66	-	-	-
Guguletu	11445	21425	26942	31616	36365	30934	37005	39663	42333	43063
Ulundi	3950	-	-	-	-	9523	11807	18324	22924	22245
Kalk Bay	356	363	727	1070	917	880	987	680	708	886
Lansdowne	11471	15836	17671	16275	13465	11027	9041	8431	7922	8439
Lavender Hill	20231	24508	30485	30068	25222	20779	22240	22527	22364	25581
Meadowridge	1038	1685	2221	2501	2318	3425	3377	3001	2853	2878
Montcreef Farm	-	-	-	193	658	243	230	-	-	-
Muizenberg	748	1468	1522	1281	1234	1342	1765	1744	1969	1952
Rondebosch-	-	-	-	-	-	-	1007	1816	2349	2113
Parkwood	9135	9226	14321	15686	13657	11267	12727	13091	13532	17230
Southfield	2909	3616	3585	3040	3291	3335	3589	3186	2864	2958
Retreat	25250	27835	34723	38327	38744	26435	25662	29589	30723	32287
Wetton	-	-	-	-	-	206	1370	1378	1375	1423
Wynberg	4624	7126	10498	8243	6694	6450	6373	7121	6346	6972
Sub Total	100260	123774	158010	163320	157371	141576	151209	162811	169685	179889

Table V.8 continued

CENTRE	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985
Eastern Zone										
Athlone	-	-	-	-	-	-	-	-	-	-
Beacon Valley	-	-	-	-	-	-	4175	22473	33523	42449
Bokmakierie	-	-	7613	16794	15218	11298	10387	11357	11789	12462
Bonteheuwel	26735	33811	37261	46765	54586	49537	45812	47424	48928	48459
Heideveld	17860	24937	27193	27780	30609	28387	23355	23248	26188	27579
Hanover Park	21637	27508	29485	36553	35086	31089	30777	29300	31656	35110
Honeyside	-	-	5589	8168	8993	8912	9680	8602	10369	10144
Lentegeur	-	-	-	-	-	23428	35142	30873	29364	29340
Manenberg	28873	30549	27238	34224	38418	28660	29077	28562	33026	48233
Netreg	13102	13929	18138	18918	24009	17077	16826	16725	22268	22239
Newfields	1303	762	4789	7342	7657	7030	5547	5834	6394	6877
Rocklands	-	-	-	-	-	7979	20091	24218	23211	21989
Silvertown	32817	21397	26552	27536	28273	21133	21532	22552	23125	22824
Strandfontein	-	-	-	-	935	3320	3336	3427	3400	3868
Tafelsig	-	-	-	-	-	830	7817	14842	17679	21775
Westridge	-	393	13385	24620	40758	31785	27736	29014	28762	27497
Valhalla Park	-	-	-	-	-	7840	12866	17730	21834	18644
Sub Total	142327	153286	197243	248700	284542	278305	304156	336181	371516	399489
TOTAL	292792	345538	448756	503496	540050	503171	536241	576667	638538	681099

Table V.9 Age at which immunizations are routinely administered pre-school

AGE	IMMUNIZATION
2 weeks	BCG if not recorded on pre-school card
3 months	BCG if no scar seen Polio Diphtheria Whooping cough Tetanus
4 $\frac{1}{2}$ months	Polio Diphtheria Whooping cough Tetanus
6 months	BCG Polio Diphtheria Whooping cough Tetanus
9 months	Measles
18 months	Polio Diphtheria Whooping cough Tetanus
5 - 6 years	Diphtheria Tetanus Polio BCG

Table V.10 Immunizations against Poliomyelitis; Diphtheria (D), Whooping Cough (Pertussis) (W or P), and Tetanus (T) : 1985

(a) POLIOMYELITIS

	Less than 1 year					1 year					2 - 6 years				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
First dose	2258	17602	217	4432	24509	4	27	1	82	114	47	198	3	120	368
Second dose	2273	17581	213	4056	24123	6	26	-	106	138	21	235	2	131	389
Completed course (three doses)	2239	17236	217	3701	23393	7	74	2	158	241	38	387	4	156	585
Booster at 18 months	-	-	-	-	-	2062	14118	207	1868	18255	-	-	-	-	-
Pre-school booster	-	-	-	-	-	-	-	-	-	-	1426	9544	49	924	11943
Other booster	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

	School Age					Adults					TOTAL				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
First dose	-	7	-	27	34	1	-	-	-	1	2310	17834	221	4661	25026
Second dose	-	2	-	21	23	1	-	-	-	1	2301	17844	215	4314	24674
Completed course (three doses)	1	5	-	18	24	6	-	-	-	6	2291	17702	223	4033	24249
Booster at 18 months	-	-	-	-	-	-	-	-	-	-	2062	14118	207	1868	18255
Pre-school booster	-	-	-	-	-	-	-	-	-	-	1426	9544	49	924	11943
Other booster	680	6342	-	2081	9103	3	10	-	-	13	683	6352	-	2081	9116

(b) DIPHTHERIA, WHOOPING COUGH AND TETANUS*

	Under 1 year			1 Year			18 Months	2-6 Years			Pre-School	School Age				Total				
	1st	2nd	3rd	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	Total
W	2233	2236	2217	4	4	7	2012	59	37	57	1410	-	-	-	770	2296	2277	2281	4192	11046
C	17594	17558	17210	20	26	78	14127	203	237	392	9767	1	-	3	6225	17818	17821	17683	30119	83441
A	213	219	216	1	-	1	208	4	1	3	50	-	-	-	-	218	220	220	258	916
B	4433	4067	3699	83	110	163	1857	108	134	153	766	4	5	7	2041	4628	4316	4022	4664	17630
T	24473	24080	23342	108	140	249	18204	374	409	605	11993	5	5	10	9036	24960	24634	24206	39233	113033

(DT is used after the age of 2 years instead of DWT).

Table V.11 Immunizations against Poliomyelitis: Diphtheria; Whooping Cough and Tetanus at Langa and Guguletu 1985

	POLIOMYELITIS											
	Less than 1 Year		1 Year		2-6 Years		School Age		Adults		TOTAL	
	Langa	Guguletu	Langa	Guguletu	Langa	Guguletu	Langa	Guguletu	Langa	Guguletu	Langa	Guguletu
First dose	1207	2834	47	31	38	38	3	-	-	-	1295	2903
Second dose	1065	2694	67	34	45	63	1	-	-	-	1178	2791
Completed Course (Third dose)	991	2452	85	67	59	85	3	-	-	-	1138	2604
Booster at 18 months	-	-	437	1272	-	-	-	-	-	-	437	1272
Pre-school booster	-	-	-	-	257	359	-	-	-	-	257	359
Other booster	-	-	-	-	-	-	32	9	-	-	32	9

	DIPHTHERIA, WHOOPING COUGH AND TETANUS															
	Under 1 year			1 Year			18 Months	2-6 Years			Pre-School	School Age				Total
	1st	2nd	3rd	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	
Langa	1207	1074	991	47	71	89	431	37	48	58	260	3	1	1	30	4348
Guguletu	2833	2694	2452	31	34	67	1269	39	66	86	363	-	-	-	4	9938
TOTAL	4040	3768	3443	78	105	156	1700	76	114	144	623	3	1	1	34	14286

Table V.12 B.C.G. Vaccination by race and age : 1984 - 1985

1984										
	Under 6 months		6-12 months		13-35 months		Others	School		Total
	1st	Repeated	1st	Repeated	1st	Repeated		Sub A & B	Std 5 + Others	
Whites	1232	130	20	5	8	1	794	1821	2413	6424
Coloured	5265	403	64	66	18	71	5523	12498	12157	36065
Asiatic	116	10	2	-	-	-	25	188	233	574
Black	1300	165	34	25	12	7	208	1882	2367	6000
TOTAL	7913	708	120	96	38	79	6550	16389	17170	49063

1985										
	Under 6 months		6-12 months		13-35 months		Others	School		Total
	1st	Repeated	1st	Repeated	1st	Repeated		Sub A & B	Std 5 + Others	
Whites	1194	70	23	-	4	8	1198	1007	2332	5836
Coloured	5272	235	23	26	8	69	4541	8600	10324	29098
Asiatic	84	3	-	-	-	-	25	-	-	112
Black	1312	52	30	8	16	14	96	2148	1302	4978
TOTAL	7862	360	76	34	28	91	5860	11755	13958	40024

Table V.13 Immunization against Measles : 1981 - 1985

	1981	1982	1983	1984	1985						
					1st time ever given			Repeat			
	Total	Total	Total	Total	Under 1 Yr	1 Yr	2 Yrs & Over	Under 1 Yr	1 Yr	2 Yrs & Over	TOTAL
Whites	3310	3007	2151	1170	1017	458	16	6	87	5	1589
Coloured	26564	28394	31016	30077	14664	983	140	164	8263	165	24379
Asiatic	414	454	341	392	167	21	-	7	151	-	346
Black	6262	5650	6630	6427	2904	293	106	127	1318	73	4821
TOTAL	36550	37505	40138	38066	18752	1755	262	304	9819	243	31135

TABLE V.14 Attendances at the Cape Town City Council creches and nursery schools : 1985

Nursery School	Creche attached	Sessions	New entrants	Average total on register	Average Attendances per session	Total Attendances
Shelley Street	-	207	35	50	40	8210
Langa	Yes	244	57	80	48	11786
Bokmakierie	Yes	207	51	80	48	9950
Bonteheuwel	Yes	207	42	80	49	10127
Heideveld	Yes	207	41	80	54	11075
Manenberg	Yes	207	50	80	46	9490
Guguletu NY6	Yes	244	29	80	47	11534
Retreat	Yes	207	36	80	49	10152
Eulalie Stott	Creche only	207	8	20	16	3367

Note: All those nursery schools registered for 80 children, cater for 60 children aged 2 - 6 years and 20 children from 3 months to 2 years.

TABLE V.15 Opthalmic School Clinics held, attendances thereat and the number of spectacles fitted : 1985

	Total
Number of new cases	1194
Total attendances	3505
Number of sessions held	222
Children fitted with spectacles	1322
Part Paying	1317
Free	5

Table V.16 Adverse reactions to immunization or related procedures in age groups : 1985

PROCEDURE	WHITE								
	AGE GROUPS IN YEARS								
	Under 1	1	2	3	4	5-9	10-14	15+	TOTAL
DWT and Polio	4	1	-	-	-	-	-	-	5
DT and Polio	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-
Total	4	1	-	-	-	-	-	-	5

PROCEDURE	COLOURED AND ASIAN									
	AGE GROUPS IN YEARS									
	Under 1	1	2	3	4	5-9	10-14	15+	Unknown	TOTAL
DT and Polio	-	-	1	-	1	1	-	-	-	3
Measles	1	1	-	-	-	-	-	-	-	2
Heaf	-	-	-	-	-	-	-	-	-	-
DWT and Polio	10	4	-	-	-	-	-	-	-	14
Total	11	5	1	-	1	1	-	-	-	19

PROCEDURE	BLACK								
	AGE GROUPS IN YEARS								
	Under 1	1	2	3	4	5-9	10-14	15+	TOTAL
BCG	-	-	-	-	-	-	-	-	-
DWT	-	-	-	-	-	-	-	-	-
DT	-	-	-	-	-	-	-	-	-
Measles	-	1	1	-	-	-	-	-	2
Total	-	1	1	-	-	-	-	-	2

Table V.17 Adverse reactions to immunization or related procedures : 1985

IMMUNIZED FOR	COMPLICATIONS	NUMBER OF PATIENTS	TOTAL	OVERALL INCIDENCE PER 1 000 INJECTIONS
Measles	Vomiting	1		
	Local inflammatory reaction	2	4	0,13
	Collapsed and recovered	1		
DT & Polio	Local inflammatory reaction	3	3	0,13
DWT & Polio	Slight temperature and cold	1		
	Convulsions	2		
	Septic lesion	2		
	Rash	6		
	Local inflammatory reaction	7		
	Vomiting	1	19	0,21
TOTAL			26	

Table V.18 Analysis of home visiting by reason for, or nature of, the visits : 1984 - 1985

	1984	1985	%CHANGE
Routine House to House	22906	20797	- 9,2%
Family Planning Defaulters	3901	4145	+ 6,3%
Ante-Natal Cases	2527	2526	
New Births	22427	22028	- 1,8%
Immunization Defaulters	11532	9462	- 18%
Protected Infants	866	895	+ 3,3%
Infectious Diseases:			
Tuberculosis:			
- New cases	2662	1873	- 29,6%
- Follow up	19741	18348	- 7,1%
Gastro-Enteritis	228	169	- 25,9%
Venereal Disease	3055	2798	- 8,4%
Other	88	111	+ 26,1%
Total	25774	23299	- 9,6%
Geriatrics	5732	4792	- 16,4%
Other *	83944	89450	+ 6,6%
TOTAL	179609	177394	- 1,2%

* Deaths, Still births, heaf test readings, sub-visits from three months to school age, hearing tests, school children, psychiatric patients, hospital follow-up visits.

Table V.19 Attendances at Geriatric Clinics : 1985

	Silver-town	Lavender Hill	Kensing-ton	Brooklyn	Gugu-letu	Bokma-kierie	Honey-side	Tafel-sig	Kloof Street
Number of sessions held	18	6	8	9	5	4	4	4	6
Number of New Attendances	47	31	56	22	16	18	17	14	28
Number of Total Attendances	100	36	79	48	42	22	34	28	84
Denture referrals	6	4	2	2	2	1	1	8	-
Spectacle referrals	12	2	10	2	1	5	4	6	-
Hearing aid referrals	3	-	-	2	3	-	-	1	-
Chiropody referrals	34	9	35	59	1	15	12	5	1
Social Worker referrals	2	1	3	-	-	4	1	-	-
Physiotheraphy referrals	-	-	-	1	-	-	-	-	-
Day Hospital referrals	41	20	23	12	5	15	8	14	1
General Hospital referrals	5	8	4	2	6	4	7	.4	3
Other	13	13	7	4	-	-	5	1	6

	Netreg	Bonte-heuwel	Lans-downe	Manen-berg	Hanover Park	Lente geur	Sea Point	Rock-lands	Total
Number of sessions held	11	9	2	19	9	15	33	11	173
Number of New Attendances	14	27	-	40	34	30	61	29	484
Number of Total Attendances	46	42	-	84	47	86	201	108	1117
Denture referrals	-	-	-	3	3	2	1	11	46
Spectacle referrals	5	10	-	7	11	10	-	2	87
Hearing aid referrals	1	2	-	3	1	1	-	2	19
Chiropody referrals	52	17	16	22	6	8	137	35	464
Social Worker referrals	-	-	-	9	3	-	-	4	27
Physiotheraphy referrals	-	-	-	-	-	2	-	-	8
Day Hospital referrals	8	8	-	36	21	30	2	50	294
General Hospital referrals	2	13	-	7	10	6	15	13	109
Other	4	6	-	2	3	11	15	2	92

Table V.20 Health Education lectures given during 1985 by venue, subject, number of lectures and attendances

VENUES	SUBJECTS	NO. OF LECTURES	ATTENDANCES
Child Welfare Clinics and Community Centres	Nutrition, family planning, cervical cytology, tuberculosis, food-borne disease, infant care and feeding, immunization, general and personal hygiene, accident prevention, care of feeding bottles and teats, physiology of labour	1710	126644
Hospitals	Nutrition, family planning, tuberculosis, mouth to mouth resuscitation	163	4928
Voluntary Organisations	Family planning, nutrition, venereal disease, mouth to mouth resuscitation	13	733
Food Premises	Food hygiene, personal hygiene, elementary bacteriology, venereal disease	38	985
Technical Colleges	Principles and techniques of health education	2	420
Schools	Pollution, drugs, smoking and health, mouth to mouth resuscitation, dental hygiene and public health	142	7823
Factories	Family planning, sex education, venereal disease, tuberculosis mouth to mouth resuscitation, nutrition	177	6335
Hostels	Tuberculosis, venereal disease		
Institutions	Public Health Hygiene, immunization, sexually transmitted diseases, tuberculosis environmental health	106	1346
Staff	Health Education	21	931

Table V.21 New Cases and Total Attendance by Race, Sex and Diagnosis of sexually transmitted diseases : 1984

	1984													
	NEW CASES							TOTAL ATTENDANCES						
	White			C, A & B				White			C, A & B			
							Total							Total
	M	F	T	M	F	T		M	F	T	M	F	T	
01 Seronegative primary Syphilis	3	-	3	91	18	109	112	7	1	8	226	58	284	292
02 Seropositive primary Syphilis	5	1	6	140	27	167	173	51	2	53	587	122	709	762
03 Secondary Syphilis	3	1	4	48	60	108	112	34	1	35	193	298	491	526
04 Tertiary Syphilis	-	-	-	7	10	17	17	-	-	-	51	29	80	80
05 Latent Syphilis	10	3	13	333	987	1320	1333	74	15	89	1664	6757	8421	8510
06 Neurosyphilis	-	-	-	2	3	5	5	-	-	-	21	28	49	49
07 Congenital Syphilis (under 1 Year)	-	-	-	19	23	42	42	-	-	-	52	61	113	113
08 Congenital Syphilis (over 1 Year)	-	-	-	-	-	-	-	-	-	-	1	-	1	1
Sub Total (Syphilitic infections)	21	5	26	640	1128	1768	1794	166	19	185	2795	7353	10148	10333
09 Gonorrhoea	101	15	116	7171	803	7974	8090	216	28	244	10560	1583	12143	12387
10 Gonococcal vulvovaginitis	-	-	-	-	2	2	2	-	-	-	-	6	6	6
11 Gonococcal ophthalmia	-	-	-	2	1	3	3	-	-	-	2	1	3	3
Sub Total (Gonorrhoeal infections)	101	15	116	7173	806	7979	8095	216	28	244	10562	1590	12152	12396
12 Ulcus molle	2	1	3	159	21	180	183	6	1	7	406	123	529	536
13 Lymphogranuloma Venereum	-	-	-	9	2	11	11	-	-	-	20	5	25	25
14 Granuloma Inguinale	-	-	-	3	2	5	5	-	-	-	8	5	13	13
15 Venereal warts	7	1	8	95	16	111	119	12	4	16	180	43	223	239
16 Non-specific Urethritis	37	2	39	1078	30	1108	1147	98	2	100	1859	81	1940	2040
16 (a) Reiters Syndrome	2	-	2	9	-	9	11	6	-	6	10	1	11	17
Sub Total (other venereal diseases)	48	4	52	1353	71	1424	1476	122	7	129	2483	258	2741	2870
TOTAL V.D. Cases	170	24	194	9166	2005	11171	11365	504	54	558	15840	9201	25041	25599
17 Non-venereal	115	24	139	2216	995	3211	3350	242	52	294	3555	1792	5347	5641
18 Undiagnosed														
GRAND TOTAL	285	48	333	11382	3000	14382	14715	746	106	852	19395	10993	30388	31240
Herpes (included in 17, Non-venereal)	23	-	23	208	25	233	256	44	1	45	380	28	408	453

Table V.21 Continued

1985	NEW CASES										TOTAL ATTENDANCES										
	White		Coloured		Asian		Black		Total		White		Coloured		Asian		Black		TOTAL		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	T
01 Seronegative primary Syphilis	3	-	33	9	1	-	39	14	76	23	9	-	95	28	1	-	88	30	193	58	251
02 Seropositive primary Syphilis	5	-	33	8	-	-	46	4	84	12	49	-	228	35	-	-	286	21	563	56	619
03 Secondary Syphilis	1	1	14	30	-	-	11	14	26	45	18	7	63	162	-	-	50	74	131	243	374
04 Tertiary Syphilis	-	-	1	1	-	-	-	-	1	1	-	-	5	14	-	-	5	-	10	14	24
05 Latent Syphilis	3	3	148	693	1	2	48	386	200	1084	49	14	1106	4637	6	10	324	2126	1485	6787	8272
06 Neurosyphilis	1	-	1	-	-	-	1	-	3	-	1	-	2	7	-	-	3	-	6	7	13
07 Congenital Syphilis (under 1 year)	-	-	3	7	-	-	4	8	7	15	-	-	12	18	-	-	16	25	28	43	71
08 Congenital Syphilis (over 1 year)	-	-	1	-	-	-	-	-	1	-	4	1	9	-	-	1	2	2	15	4	19
Sub Total (Syphilitic infections)	13	4	234	748	2	2	149	426	398	1180	130	22	1520	4901	7	11	774	2278	2431	7212	9643
09 Gonorrhoea	104	17	1257	236	5	-	6225	1220	7591	1473	201	26	2327	495	9	-	10722	1977	13259	2498	15757
10 Gonococcal Vulvovaginitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1
11 Gonococcal Opthalmia	-	-	1	1	-	-	1	-	2	1	-	-	1	1	-	-	3	6	4	7	11
Sub Total (Gonorrhoeal Infections)	104	17	1258	237	5	-	6226	1220	7593	1474	201	26	2328	496	9	-	10725	1984	13263	2506	15769
12 Ulcus Molle	3	-	23	5	1	-	58	6	85	11	7	-	88	16	1	-	190	14	286	30	316
13 Lymphogranuloma Venereum	-	-	1	1	-	-	2	1	3	2	-	-	2	3	-	-	3	2	5	5	10
14 Granuloma Inguinale	-	-	2	-	-	-	3	2	5	2	-	-	3	-	-	-	8	7	11	7	18
15 Venereal Warts	4	1	24	4	-	-	62	8	90	13	9	1	74	8	-	-	140	17	223	26	249
16 Non-specific Urethritis	32	3	156	27	1	-	490	27	679	57	118	6	504	68	2	-	1135	44	1759	118	1877
16 (a) Reiters Syndrome	-	-	-	-	-	-	-	-	-	-	5	-	8	1	-	-	2	-	15	1	16
Sub Total (other venereal diseases)	39	4	206	37	2	-	615	44	862	85	139	7	679	96	3	-	1478	84	2299	187	2486
TOTAL V.D. Cases	156	25	1698	1022	9	2	6990	1690	8853	2739	470	55	4527	5493	19	11	12977	4346	17993	9905	27898
17 Non-venereal	114	15	848	571	4	3	1435	496	2401	1085	250	30	1414	1032	8	4	2636	1028	4308	2094	6402
18 Undiagnosed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
GRAND TOTAL	270	40	2546	1593	13	5	8425	2186	11254	3824	720	85	5941	6525	27	15	15613	5374	22301	11999	34300
Herpes Genitalis (included in 17 non-venereal)	11	1	31	6	-	-	99	11	141	18	27	1	60	5	1	-	259	27	347	33	380

Table V.22 New Cases of S.T.D. by Diagnosis, Race Group and Sex; and incidence Rates for all forms of S.T.D. together : 1976-1985

YEAR	Syphilis Congenital				Syphilis Other				Gonorrhoeal Infections				Other Venereal Diseases				Total	Incidence rate per 1 000 Population
	W		C, A&B		W		C, A&B		W		C, A&B		W		C, A&B			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1976	-	-	41	34	113	13	1613	1949	226	19	7737	405	50	3	734	48	12985	16,2
1977	2	-	29	27	102	8	1743	1797	187	11	8322	445	37	-	431	39	13180	16,01
1978	1	1	22	46	94	23	1573	1882	215	22	8170	498	34	3	369	31	12984	15,5
1979	-	-	19	20	54	13	1185	1185	196	23	8086	579	39	2	339	43	11783	13,7
1980	-	-	-3	5	59	9	1316	1270	210	21	4590	530	62	2	701	44	8822	10,0
1981	-	-	7	13	44	7	902	1065	232	19	6159	438	59	-	1058	28	10031	11,13
1982	-	-	-17	12	38	9	806	985	148	27	6452	475	53	1	1049	38	10110	10,95
1983	-	-	-19	23	30	13	751	1116	145	10	5803	519	56	2	1235	51	9773	10,34
1984	-	-	-19	23	21	5	621	1105	101	15	7173	806	48	4	1353	71	11365	11,74
1985	-	-	8	15	13	4	377	1161	104	17	7489	1457	39	4	823	81	11592	11,70

Table V.23 New cases of S.T.D. in teenagers by Race group, Sex and Diagnosis : 1985

		WHITE			COLOURED			ASIAN			BLACK			TOTAL		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age in years	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	14	-	-	-	3	1	4	-	-	-	-	-	-	3	1	4
	15	-	-	-	4	-	4	-	-	-	2	2	4	6	2	8
	16	-	-	-	17	1	18	-	-	-	11	20	31	28	21	49
	17	-	-	-	11	14	25	-	-	-	33	29	62	44	43	87
	18	1	-	1	24	21	45	-	-	-	54	44	98	79	65	144
	19	2	1	3	37	25	62	2	-	2	64	81	145	105	107	212
TOTAL		3	1	4	96	62	158	2	-	2	164	176	340	265	239	504
Diagnosis: Syphilis 1-8		-	-	-	21	41	62	-	-	-	13	69	82	34	110	144
Gonorrhoea 9-11		2	1	3	60	15	75	1	-	1	132	102	234	195	118	313
Other venereal diseases 12-16		1	-	1	15	6	21	1	-	1	19	5	24	36	11	47
TOTAL		3	1	4	96	62	158	2	-	2	164	176	340	265	239	504

Table V.24 New cases and incidence rates by Race group, Sex and diagnosis (separately) : 1984 - 1985

	1983		1985	
	New Cases	Incidence Rate	New Cases	Incidence Rate
RACE:				
White	194	0,72	181	0,66
Coloured, Asiatic and Black	11 171	16,01	11 411	15,91
SEX:				
Male	9 336	18,95	8 853	17,55
Female	2 029	4,27	2 739	5,63
DISEASES:				
Syphilis	1 752	1,81	1 555	1,57
Syphilis, congenital	42	0,04	23	0,02
Gonorrhoea	8 095	8,37	9 067	9,15
Other Venereal diseases	1 476	1,53	947	0,96
TOTAL VD CASES	11 365	11,74	11 592	11,70
Non-venereal diseases	3 350	-	3 486	
Undiagnosed	-	-	-	

Table V.25 New Cases of, and the percentage of all cases of S.T.D. represented by Venereal Warts, non-specific Urethritis and total S.T.D. other than Syphilis or Gonorrhoea by Race Group and Sex : 1981 - 1985

	1981			1982			1983			1984			1985		
	No	% of total Other	% of total VD	No	% of total Other	% of total VD	No	% of total Other	% of total VD	No	% of total Other	% of total VD	No	% of total Other	% of total VO
WHITE MALE:															
15 Venereal Warts	2	3,4	0,6	3	5,7	1,3	6	10,7	2,6	7	14,6	4,1	4	10,3	2,6
16 Non-Specific Urethritis	56	95,0	16,7	43	81,1	18,0	45	80,4	19,4	37	77,1	21,8	32	82,1	20,5
Total 'other' venereal disease	59	100	17,61	53	100	22,2	56	100	24,2	48	100	28,2	39	100	25,0
TOTAL S.T.D. Cases	335	-	100	239	-	100	231	-	100	170	-	100	156	-	100
WHITE FEMALE:															
15 Venereal Warts	-	-	-	-	-	-	-	-	-	1	25	4,2	1	25,0	4,0
16 Non-Specific Urethritis	-	-	-	1	100	2,7	2	100	8	2	50	8,3	3	75,0	12,0
Total 'other' venereal disease	-	-	-	1	100	2,7	2	100	8	4	100	16,7	4	100	16,0
TOTAL S.T.D. Cases	26	-	100	37	-	100	25	-	100	24	-	100	25	-	100
COLOUREO, ASIATIC AND BLACK MALE:															
15 Venereal Warts	70	6,62	0,86	81	7,72	0,97	79	6,4	1,0	95	7,0	1,0	84	10,2	0,97
16 Non-Specific Urethritis	869	82,14	10,7	794	75,69	9,54	1018	82,4	13,0	1078	79,7	11,8	647	78,6	7,4
Total 'other' venereal disease	1058	100	13,02	1049	100	12,6	1235	100	15,8	1353	100	14,8	823	100	9,5
TOTAL S.T.O. Cases	8 126	-	100	8324	-	100	7808	-	100	9166	-	100	8697	-	100
COLOURED, ASIATIC AND BLACK FEMALE															
15 Venereal Warts	14	50	0,9	9	23,7	0,6	11	21,6	0,6	16	22,5	0,8	12	14,8	0,44
16 Non-Specific Urethritis	6	21,4	0,4	6	15,8	0,4	19	37,3	1,1	30	42,3	1,5	54	66,7	2,0
Total'other' venereal diseases	28	100	1,8	38	100	2,52	51	100	3,0	71	100	3,5	81	100	3,0
TOTAL S.T.D. Cases	1 544	-	100	1 510	-	100	1709	-	100	2005	-	100	2 714	-	100

Table V.26 Sessions held, New Cases seen and Total Attendances at Clinics : 1985

	SESSIONS	NEW CASES					ATTENDANCES				
		W	C	A	B	Total	W	C	A	B	Total
Northern Zone											
Chapel Street	94	108	281	3	213	605	342	890	5	491	1728
Kensington	48	3	119	2	22	146	3	338	2	49	392
Langa	45	-	-	-	512	512	-	-	-	1492	1492
Spencer Road	200	114	1452	4	7956	9526	266	3381	12	14660	18319
Sub Total	387	225	1852	9	8703	10789	611	4609	19	16692	21931
Southern Zone											
Guguletu	43	-	-	-	1093	1093	-	-	-	2558	2558
Lansdowne	42	1	25	-	17	43	3	78	-	37	118
Lavender Hill	51	-	49	-	-	49	-	201	-	-	201
Parkwood	38	-	31	-	-	31	-	98	-	-	98
Retreat	48	-	151	-	12	163	-	463	-	43	506
Wynberg	150	84	427	1	748	1260	191	1319	2	1532	3044
Sub Total	372	85	683	1	1870	2639	194	2159	2	4170	6525
Eastern Zone											
Bonteheuwel	44	-	162	-	3	165	-	643	-	8	651
Heideveld	49	-	120	-	16	136	-	422	-	50	472
Hanover Park	49	-	166	-	2	168	-	539	-	6	545
Lentegeur	49	-	473	-	3	476	-	1515	-	4	1519
Manenberg	48	-	182	-	2	184	-	579	-	19	598
Netreg	48	-	101	-	-	101	-	356	-	-	356
Silvertown	49	-	157	8	5	170	-	762	21	18	801
Westridge	49	-	130	-	7	137	-	456	-	20	476
Rocklands	49	-	113	-	-	113	-	426	-	-	426
Sub Total	434	-	1604	8	38	1650	-	5698	21	125	5844
TOTAL	1193	310	4139	18	10611	15078	805	12466	42	20987	34300

Table V.27 Special Examinations : 1985

8752 blood specimens and 560 smears were sent to the Government laboratory for examination.

VI NOTIFIABLE CONDITIONS

Table VI.1 New list of notifiable diseases under the Health Act 63 of 1977

No.R1802
The Minister of Health has declared the following medical conditions to be notifiable in terms of section 45 of the Health Act, Act 63 of 1977.

Anthrax
Brucellosis
Cholera
Diphtheria
Haemorrhagic Fevers of Africa (Congo Fever, Dengue Fever, Ebola Fever, Lassa Fever, Marburg Fever, Rift Valley Fever).
Lead Poisoning
Leprosy
Leptospirosis
Malaria
Measles
Meningococcal meningitis (including meningococcaemia)
Paratyphoid Fever
Plague
Poisoning from any agricultural or stock remedy registered in terms of the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947 (Act 36 of 1947), as amended.
Poliomyelitis
Primary malignancy of the bronchus, lung and pleura
Psittacosis (including Ornithosis)
Rabies
Smallpox (all forms)
Tetanus
Toxoplasmosis
Trachoma
Trypanosomiasis
Tuberculosis (all forms of tuberculosis are notifiable, except cases diagnosed solely on the basis of clinical signs and symptons and/or a positive tuberculin test)
Typhoid Fever
Typhus Fever (epidemic lice typhus fever, endemic ratflea typhus fever)
Viral Hepatitis A and B and undifferentiated
Yellow Fever

NB: Whooping Cough was made Notifiable in the area of the City of Cape Town by Government Notice R4368 of 28 April 1950.

Table VI.2 Number of cases of Notifiable diseases by Race : 1985

	NOTIFICATIONS								DEATHS				
				8lacks									
	White	Coloured	Asiatic	Langa	Guguletu	City	Total 8lacks	Total	White	Coloured	Asiatic	8lacks	Total
Tuberculosis (All Forms)*	68	1858	10	662	1131	96	1889	3825	3	66	-	89	158
Measles	6	108	-	73	103	16	192	306	-	5	-	13	18
Primary Malignancy of 8ronchus, Lungs and Pleura	105	148	-	11	10	1	22	275	103	148	-	21	272
Viral Hepatitis	57	151	2	4	14	1	19	229	-	-	-	3	3
Cerebrospinal Fever	3	61	-	1	10	-	11	75	-	6	-	1	7
Whooping Cough	2	23	-	3	2	-	5	30	-	-	-	-	-
Acute Poliomyelitis****	-	1	-	1	6	-	7	8	-	-	-	-	-
Typhoid or Enteric fever***	1	1	-	1	1	-	2	4	-	-	-	-	-
Malaria**	4	-	-	-	-	-	-	4	-	-	-	-	-
Lead poisoning	1	-	-	-	-	-	-	1	-	-	-	-	-
Insecticidal poisoning	-	1	-	-	-	-	-	1	-	-	-	-	-
Diphtheria***	-	-	-	1	-	-	1	1	-	-	-	-	-
TOTAL	247	2352	12	757	1277	114	2148	4759	106	225	-	127	458

* Including 339 cases of imported infection in residents of less than six months standing (3 White, 65 Coloureds, and 271 8lacks)

** Including 3 cases of imported infection in residents (3 White).

*** Imported infections

**** Including 4 cases of imported infection in residents (4 8lacks).

Table VI.3 Notifications of Tuberculosis (all forms) by the form of disease and residential status of the patient : 1985

	PULMONARY					OTHER FORMS					ALL FORMS				
	W	C	A	B	T	W	C	A	8	T	W	C	A	8	T
City	61	1712	7	75	1855	4	55	3	-	62	65	1767	10	75	1917
Langa	-	6	-	509	515	-	-	-	23	23	-	6	-	532	538
Guguletu	-	20	-	988	1008	-	-	-	23	23	-	20	-	1011	1031
TOTAL LOCAL	61	1738	7	1572	2378	4	55	3	46	108	65	1793	10	1618	3486
Imported	3	62	-	264	329	-	3	-	7	10	3	65	-	271	339
Out of City	3	67	1	48	119	-	1	-	2	3	3	68	1	50	122
TOTAL	67	1867	8	1884	3826	4	59	3	55	121	71	1926	11	1939	3947

PULMONARY

	LUNGS					PLEURAL EFFUSION					PRIMARY COMPLEX OR MEDIASTINAL GLANDS					TOTAL PULMONARY FORMS				
	W	C	A	B	T	W	C	A	8	T	W	C	A	8	T	W	C	A	8	T
City	54	1373	3	64	1494	6	88	4	4	102	1	251	-	7	259	61	1712	7	75	1855
Langa	-	6	-	448	454	-	-	-	34	34	-	-	-	27	27	-	6	-	509	515
Guguletu	-	18	-	806	824	-	-	-	45	45	-	2	-	137	139	-	20	-	988	1008
TOTAL LOCAL	54	1397	3	1318	2772	6	88	4	83	181	1	253	-	171	425	61	1738	7	1572	3378
Imported	3	59	-	212	274	-	-	-	4	4	-	3	-	48	51	3	62	-	264	329
Out of City	3	64	-	42	109	-	1	1	2	4	-	2	-	4	6	3	67	1	48	119
TOTAL	60	1520	3	1572	3155	6	89	5	89	189	1	258	-	223	482	67	1867	8	1884	3826

FORMS OF TUBERCULOSIS OTHER THAN PULMONARY

	MENINGES					ABDOMINAL					ORTHOPAEDIC					GLANDS OTHER THAN MEDIASTINAL					GENITO-URINARY SYSTEM					OTHER ORGANS FORMS					TOTAL OTHER				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	8	T	W	C	A	8	T	W	C	A	B	T	W	C	A	8	T
City	-	15	-	-	15	1	6	-	-	7	1	3	-	-	4	-	15	1	-	16	-	6	1	-	7	2	10	1	-	13	4	55	3	-	62
Langa	-	-	-	9	9	-	-	-	6	6	-	-	-	3	3	-	-	-	3	3	-	-	-	-	-	-	-	-	2	2	-	-	-	23	23
Guguletu	-	-	-	5	5	-	-	-	5	5	-	-	-	2	2	-	-	-	4	4	-	-	-	1	1	-	-	-	6	6	-	-	-	23	23
TOTAL LOCAL	-	15	-	14	29	1	6	-	11	18	1	3	-	5	9	-	15	1	7	23	-	6	1	1	8	2	10	1	8	21	4	55	3	46	108
Imported	-	2	-	1	3	-	-	-	1	1	-	-	-	3	3	-	1	-	1	2	-	-	-	-	-	-	-	-	1	1	-	3	-	7	10
Out of City	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	1	-	1	2	-	-	-	-	-	-	-	-	-	-	-	1	-	2	3
TOTAL	-	17	-	15	32	1	6	-	13	20	1	3	-	8	12	-	17	1	9	27	-	6	1	1	8	2	10	1	9	22	4	59	3	55	121

Table VI.4 Notifications of Tuberculosis (all forms) : 1985

RACE	PULMONARY TUBERCULOSIS						OTHER FORMS						TOTAL								
	Local			Imported			Local			Imported			Local			Imported			TOTAL		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
WHITES	37	24	61	2	1	3	-	4	4	-	-	-	37	28	65	2	1	3	39	29	68
COLOUREDS:																					
Langa	3	3	6	-	-	-	-	-	-	-	-	-	3	3	6	-	-	-	3	3	6
Guguletu	8	12	20	-	-	-	-	-	-	-	-	-	8	12	20	-	-	-	8	12	20
Rest of City	987	725	1712	25	37	62	22	33	55	-	3	3	1009	758	1767	25	40	65	1034	798	1832
Total	998	740	1738	25	37	62	22	33	55	-	3	3	1020	773	1793	25	40	65	1045	813	1858
ASIANS	2	5	7	-	-	-	-	3	3	-	-	-	2	8	10	-	-	-	2	8	10
BLACKS:																					
Langa	381	128	509	69	56	125	13	10	23	3	2	5	394	138	532	72	58	130	466	196	662
Guguletu	601	387	988	64	55	119	13	10	23	-	1	1	614	397	1011	64	56	120	678	453	1131
Rest of City	59	16	75	14	6	20	-	-	-	1	-	1	59	16	75	15	6	21	74	22	96
Total	1041	531	1572	147	117	264	26	20	46	4	3	7	1067	551	1618	151	120	271	1218	671	1889
TOTAL	2078	1300	3378	174	155	329	48	60	108	4	6	10	2126	1360	3486	178	161	339	2304	1521	3825

Table VI.5 Notification Rates per 1 000 of the population of Pulmonary and other forms of Tuberculosis separately and together for Local Cases, by Race : 1981 - 1985

	1981	1982	1983	1984	1985
PULMONARY					
White	0,12	0,18	0,19	0,24	0,22
Coloured	2,69	3,22	3,13	3,12	3,07
Asiatic	0,47	0,30	1,03	0,36	0,49
Black	10,97	12,84	12,63	11,32	11,54
TOTAL	3,02	3,60	3,56	3,39	3,41
OTHER					
White	0,02	0,01	0,02	0,01	0,01
Coloured	0,08	0,09	0,10	0,10	0,10
Asiatic		0,15	0,22	0,14	0,21
Black	0,38	0,34	0,42	0,40	0,34
TOTAL	0,10	0,10	0,12	0,12	0,11
ALL FORMS					
White	0,14	0,19	0,21	0,25	0,24
Coloured	2,77	3,31	3,24	3,21	3,16
Asiatic	0,47	0,46	1,26	0,50	0,70
Black	11,35	13,18	13,04	11,72	11,88
TOTAL	3,12	3,70	3,68	3,51	3,52

Table VI.6 Some Estimations of Age-Race specific incidence Rates per 10 000 Population of Notified Cases of Tuberculosis (all forms, local and imported cases) : 1985

	1980 ESTIMATED PERCENTAGE OF CAPE TOWN POPULATION BY ETHNIC COMMUNITY	1985 POPULATION ESTIMATE	TB ALL FORMS LOCAL AND IMPORTED	RATE PER 10 000 POPULATION
WHITE				
0 - 4 years	7,52	20588	2	0,07
5 - 9 years	7,99	21875	-	
10 - 14 years	7,86	21519	1	0,04
15 years - over	76,63	209798	65	2,37
All ages	100	273780	68	2,48
COLOURED				
0 - 4 years	11,79	66797	189	3,34
5 - 9 years	11,81	66911	83	1,46
10 - 14 years	12,06	68327	44	0,78
15 years - over	64,34	364525	1542	27,22
All ages	100	566560	1858	32,79
ASIATIC				
0 - 4 years	10,79	1548	-	-
5 - 9 years	11,03	1583	-	-
10 - 14 years	11,15	1600	-	-
15 years - over	67,03	9618	10	6,97
All ages	100	14349	10	6,97
BLACK				
0 - 4 years	10,75	14640	223	16,37
5 - 9 years	9,29	12652	79	5,80
10 - 14 years	7,24	9860	40	2,94
15 years - over	72,72	99034	1547	113,59
All ages	100	136186	1889	138,71

Table VI.7 Pulmonary Tuberculosis (affecting Pleura, Lungs and Pulmonary Lymphatic Drainage System); Notifications and incidence Rates per 1 000 population for local cases and Notifications of imported cases, by Race : 1984 - 1985

	LOCAL CASES ONLY				IMPORTED CASES	
	NOTIFICATIONS		RATE PER 1 000 POPULATION		NOTIFICATIONS	
	1984	1985	1984	1985	1984	1985
White	65	61	0,24	0,22	2	3
Coloured	1715	1738	3,12	3,07	143	62
Asiatic	5	7	0,36	0,49	1	-
Blacks:						
Langa	508	509	19,92	20,78	234	125
Guguletu	929	988	12,17	11,10	230	119
Rest of City	56	75	1,86	3,31	28	20
Total	1493	1572	11,32	11,54	492	264
TOTAL	3278	3378	3,39	3,41	638	329

Table VI.8 Notifications of and Deaths from forms of Tuberculosis other than Pulmonary for Local Cases; and Notifications of such cases of Imported Infections, by Race : 1985

	LOCAL CASES					IMPORTED CASES					NOTIFIED DEATHS				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
Meninges	-	15	-	14	29	-	2	-	1	3	-	-	-	5	5
Abdominal	1	6	-	11	18	-	-	-	1	1	-	-	-	-	-
Orthopaedic	1	3	-	5	9	-	-	-	3	3	-	-	-	-	-
Glands	-	15	1	7	23	-	1	-	1	2	-	-	-	-	-
Genito-urinary	-	6	1	1	8	-	-	-	-	-	-	-	-	-	-
Other	2	10	1	8	21	-	-	-	1	1	-	-	-	1	1
TOTAL	4	55	3	46	108	-	3	-	7	10	-	-	-	6	6

W = White; C = Coloured; A = Asiatic; B = Blacks

Table VI.9 Death Rates per 1 000 population of all forms of Tuberculosis by Quinquennia : 1977/1981 to 1981/1985 and annually 1981 - 1985

	DEATH RATE PER 1 000 POPULATION		
	WHITE	COLOURED, ASIATIC AND BLACK	ALL RACES
5 years ended December 1981	0,02	0,24	0,18
5 years ended December 1982	0,02	0,23	0,17
5 years ended December 1983	0,02	0,23	0,17
5 years ended December 1984	0,03	0,23	0,17
5 years ended December 1985	0,02	0,23	0,17
Calendar year 1981	0,02	0,23	0,17
Calendar year 1982	0,03	0,22	0,17
Calendar year 1983	0,02	0,24	0,17
Calendar year 1984	0,04	0,22	0,17
Calendar year 1985	0,01	0,22	0,16

Table VI.10 Numbers of Deaths from, and Death Rates per 1 000 population due to Pulmonary Tuberculosis : 1984 - 1985

	DEATHS		RATE PER 1 000 POPULATION	
	1984	1985	1984	1985
White	10	3	0,04	0,01
Coloured	63	66	0,11	0,12
Asiatic	-	-	-	-
Black	85	83	0,64	0,61
TOTAL	158	152	0,16	0,15

Table VI.11 Death Rates per 1 000 Population for Pulmonary and other forms of Tuberculosis, by Race : 1981 - 1985

RACE	PULMONARY TUBERCULOSIS					TUBERCULOSIS, OTHER FORMS				
	1981	1982	1983	1984	1985	1981	1982	1983	1984	1985
White	0,02	0,03	0,02	0,04	0,01	0,00	0,00	-	0,00	-
Coloured	0,13	0,10	0,12	0,11	0,12	0,00	0,00	0,01	0,00	-
Asiatic	-	-	-	-		-	-	0,07	0,07	-
Black	0,66	0,70	0,65	0,64	0,61	0,01	0,02	0,05	0,03	0,04
TOTAL	0,17	0,16	0,16	0,16	0,51	0,00	0,01	0,01	0,01	0,01

Table VI.12 Tuberculosis Meningitis Notifications and Deaths for Local Cases (numbers and rates), by Race : 1962 - 1985

	NOTIFICATIONS								DEATHS							
	NUMBERS				RATE PER 100 000 POPULATION				NUMBERS				RATE PER 100 000 POPULATION			
	W	C&A	B	Total	W	C&A	B	Total	W	C&A	B	Total	W	C&A	B	Total
1962	2	19	11	32	1,01	6,49	16,17	5,73	x	x	x	15	x	x	x	2,68
1963	0	25	5	30	0	8,23	6,80	5,20	x	x	x	14	x	x	x	2,42
1964	1	28	8	37	0,49	8,89	10,88	6,26	x	x	x	11	x	x	x	1,86
1965	0	24	8	32	0	7,35	10,18	5,25	x	x	x	12	x	x	x	1,97
1966	2	11	9	22	0,97	3,25	10,12	3,47	x	x	x	16	x	x	x	2,52
1967	1	14	19	34	0,48	3,99	21,11	5,22	0	6	7	13	0	1,71	7,78	1,20
1968	1	22	12	35	0,47	6,04	14,84	5,33	0	9	6	15	0	2,47	7,42	2,28
1969	0	9	11	20	0	2,38	13,02	2,96	0	5	6	11	0	1,32	7,10	1,63
1970	1	14	11	26	0,46	3,55	13,11	3,73	0	2	3	5	0	0,51	3,57	0,72
1971	0	11	13	24	0	2,72	15,00	3,36	0	6	3	9	0	1,48	3,46	1,26
1972	0	8	13	21	0	1,93	14,52	2,87	0	7	2	9	0	1,69	2,23	1,23
1973	0	8	15	23	0	1,88	16,22	3,08	0	2	9	11	0	0,47	9,73	1,47
1974	0	8	10	18	0	1,83	10,47	2,35	2	5	9	16	0,86	1,14	9,42	2,09
1975	0	10	18	28	0	2,23	18,25	3,57	0	6	2	8	0	1,34	2,03	1,02
1976	0	14	10	24	0	3,04	9,82	2,99	0	5	6	11	0	1,09	5,89	1,37
1977	1	9	15	25	0,41	1,91	14,26	3,05	0	4	6	10	0	0,85	5,70	1,22
1978	0	7	9	16	0	1,44	8,28	1,90	0	0	7	7	0	0	6,44	0,83
1979	0	8	11	19	0	1,61	9,80	2,21	0	2	3	5	0	0,40	2,67	0,58
1980	0	8	8	16	0	1,57	6,90	1,82	0	4	5	9	0	0,78	4,31	1,02
1981	1	3	13	17	0,39	0,57	10,86	1,89	1	1	1	3	0,39	0,19	0,84	0,33
1982	0	6	8	14	0	1,12	6,47	1,52	1	2	2	5	0,38	0,37	1,62	0,54
1983	0	12	10	22	0	2,18	7,83	2,33	0	5	6	11	0	0,91	4,70	1,16
1984	0	14	9	23	0	2,47	6,82	2,38	1	2	4	7	0,37	0,35	3,03	0,72
1985	0	15	14	29	0	2,58	10,28	2,93	0	0	5	5	0	0	3,67	0,50

W = White; C = Coloured; A = Asiatic; B = Blacks

x Not available

Table VI.13 Classification of persons attending City Health Department clinics for the first time as to whether they were Notified Cases, Contacts or Suspects; and any change to this description : 1985

Persons attending for first time	WHITE			COLOURED			ASIATIC			BLACK			ALL RACES
	Children	Adults	Total	Children	Adults	Total	Children	Adults	Total	Children	Adults	Total	
Notified:													
Accepted	-	37	37	119	757	876	-	6	6	165	771	936	1855
Not accepted	-	1	1	3	1	4	-	-	-	-	-	-	5
Total	-	38	38	122	758	880	-	6	6	165	771	936	1860
Contacts:													
Notified	-	-	-	100	91	191	-	-	-	56	45	101	292
Non-Tuber-culosis	95	237	332	3533	3583	7116	23	21	44	1027	1213	2240	9732
Total	95	237	332	3633	3674	7307	23	21	44	1083	1258	2341	10024
Suspects:													
Notified	-	12	12	99	677	776	-	3	3	76	583	659	1450
Non-Tuber-culosis	11	164	175	847	3786	4633	9	18	27	386	1392	1778	6613
Total	11	176	187	946	4463	5409	9	21	30	462	1975	2437	8063
TOTAL	106	451	557	4701	8895	13596	32	48	80	1710	4004	5714	19947

Table VI.14 Mass Miniature Radiography at the Chapel Street Clinic - numbers of examinations by Race and Sex : 1981 - 1985

Period	White		Coloured, Asiatic and Blacks		Total
	Males	Females	Males	Females	
1981	5982	3002	31058	20222	60264
1982	4316	2441	23501	14986	45244
1983	1936	990	13799	7715	24440
1984	1973	1201	14198	7512	24884
1985	1566	684	10159	4679	17088

Table VI.15 Results of Mass Miniature Radiography at the Chapel Street Clinic : 1981 - 1985

	1981	1982	1983	1984	1985
Persons screened	6 0264	45 244	24 440	24 884	17088
Recalled for further investigation	944	1 011	484	461	260
Recalls who failed to attend	35	160	21	13	56
Recalls who were examined	909	851	463	474	204
Recalls found to have active T.B.	131	158	95	78	53
Active T.B. found but previously known	14	23	34	12	18
New cases of active T.B. found	117	135	61	66	35
Cases referred to the special intra-thoracic clinic at Chapel Street	18	10	1	1	-

Table VI.16 Results of Mass Miniature Radiography at the Langa X-Ray Centre for Black migrant workers : 1981 - 1985

	1981	1982	1983	1984	1985
Persons screened	21 858	21 961	11 038	9 644	8641
Recalled for further examination	960	1 116	510	599	180
Recalls who failed to attend	226	514	134	85	44
Recalls who were examined	734	602	376	514	136
Recalls found to have active TB	194	101	67	84	54
Active TB found but previously known	5	5	10	21	21
New cases of active TB found	189	96	57	63	33
Cases referred to the special intra-thoracic clinic at Chapel Street			5	4	-

Table VI.17 Hospitalisation of Notified Cases of Pulmonary Tuberculosis : 1985

	LOCAL				Outside Cape Town Cases
	City	Langa	Gugu-letu	Imported Cases	
New pulmonary cases notified during the year	1855	515	1008	329	119
New pulmonary cases admitted to institutions for treatment of tuberculosis	367	159	261	76	8
Proportion of new cases admitted	19,8%	30,9%	25,9%	23,1%	6,7%
Died before receipt of notification	59	14	20	1	-
Died within 6 months of notification	33	20	23	5	-
Pulmonary cases treated but not admitted to hospital					
Male	808	255	411	109	46
Female	601	74	272	124	65
TOTAL	1409	329	683	233	111

Table VI.18 Attendances at City Health Department Centres for the Control of Tuberculosis : 1984 - 1985

	Number of sessions		New Consultations		Total Attendances	
	1984	1985	1984	1985	1984	1985
NORTHERN ZONE						
CHAPEL STREET:						
White			308	294	784	714
C,A & B			1479	1764	4058	4777
TOTAL	101	101	1787	2058	4842	5491
KENSINGTON	50	50	674	783	2221	2228
LANGA: Blacks	205	199	3165	1895	10699	7032
SPENCER ROAD:						
White			25	21	104	83
C. A & B			444	400	1375	1276
TOTAL	51	49	469	421	1479	1359
Sub-Total	407	399	6095	5157	19241	16110
SOUTHERN ZONE						
GUGULETU:						
Blacks	202	198	4062	3170	17978	13191
LAVENDER HILL	51	49	455	466	3066	2467
PARKWOOD	52	50	360	253	1446	1189
RETREAT	101	99	874	621	3756	2648
WYNBERG:						
White			273	239	846	643
C, A & B			597	614	2119	1972
TOTAL	52	50	870	853	2965	2615
Sub-Total	458	446	6621	5363	29211	22110
EASTERN ZONE						
BONTEHEUWEL	50	50	1160	1065	4514	4635
HANOVER PARK	51	51	1026	1184	4240	4306
HEIDEVELD	51	49	736	719	3032	2998
LENTEGEUR	51	51	2017	1992	7975	8439
MANENBERG	52	50	1227	1127	5369	4403
NETREG	52	50	1022	832	4446	3348
ROCKLANDS	51	51	482	557	1593	2009
SILVERTOWN	51	49	1139	1171	4031	4138
WESTRIDGE	50	50	784	791	2967	3289
Sub Total	459	451	9593	9438	38167	37565
TOTAL:						
WHITE			606	554	1734	1440
C, A & B			21703	19404	84885	74345
ALL RACES	1324	1296	22309	19958	86619	75785

TABLE VI.19 Mobile X-Ray Unit workload at the various City Health Department Centres for the control of Tuberculosis : 1981 - 1985

YEAR	RACE	X-RAYS	RACE	X-RAYS	TOTAL
1981	White	837	C, A & B	24492	25329
1982	White	724	C, A & B	29031	29755
1983	White	811	C, A & B	33146	33957
1984	White	881	C, A & B	35006	35887
1985	White	677	C, A & B	30156	30833

Table VI.20 Reasons for failure of Notified Cases of Pulmonary Tuberculosis to attend City Health Department Clinics : 1985

	LOCAL			IMPORTED CASES	TOTAL
	City	Langa	Guguletu		
Attended clinic	1724	461	893	291	3369
Failed to attend	131	54	115	38	338
Failure to attend clinics:					
In hospital	19	10	26	2	57
Hospital out-patients	16	-	-	-	16
Died in hospital	19	9	11	1	40
Died before notification	13	8	4	1	26
First advice through death registration	27	10	17	-	54
Transferred	11	-	3	2	16
Refusals	2	-	3	1	6
Under private care	2	-	-	-	2
Untraceable or decamped on notification	22	17	51	31	121

Table VI.21 Resumé of work done by the Care Committee for Tuberculosis patients : 1981 - 1985

	1981	1982	1983	1984	1985
Families helped with rentals	50	33	9	25	7
Families helped with maintenance grants	968	1342	337	582	540
Families helped with both of the above	50	98	23	35	36
Hospital grants	64	383	24	50	210
Articles of clothing distributed	920	185	N/A	N/A	N/A
Number of blankets distributed	20	38	N/A	N/A	N/A
Caseworker visits paid	451	380	24	464	459
Interviews given	3651	3956	4335	5157	4406
New cases seen	134	490	369	692	554

TABLE VI.22 Notifications of Infectious Diseases Classified by Race Group and Month of Notification : 1985 (for local and imported cases)

PERIOD	Tuberculosis respiratory					Tuberculosis other forms					Enteric				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
January	8	173	1	166	348	-	5	-	2	7	-	-	-	1	1
February	4	177	2	159	342	-	3	2	4	9	-	1	-	-	1
March	4	138	-	153	295	-	5	-	4	9	-	-	-	-	-
April	3	135	1	155	294	-	9	-	2	11	-	-	-	-	-
May	5	157	-	162	324	-	1	1	4	6	-	-	-	-	-
June	7	129	1	165	302	-	2	-	4	6	-	-	-	1	1
July	4	160	-	127	291	-	3	-	10	13	1	-	-	-	1
August	6	152	-	143	301	1	5	-	7	13	-	-	-	-	-
September	3	159	-	174	336	-	5	-	2	7	-	-	-	-	-
October	8	148	1	155	312	1	10	-	9	20	-	-	-	-	-
November	5	146	-	148	299	1	6	-	2	9	-	-	-	-	-
December	7	126	1	129	263	1	4	-	3	8	-	-	-	-	-
YEAR	64	1800	7	1836	3707	4	58	3	53	118	1	1	-	2	4

PERIOD	Measles					Malaria					Diphtheria					Poliomyelitis				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
January	1	7	-	16	24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
February	-	13	-	26	39	2	-	-	-	2	-	-	-	-	-	-	-	-	-	-
March	1	13	-	22	36	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
April	-	12	-	27	39	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
May	-	14	-	28	42	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
June	1	10	-	16	27	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-
July	-	14	-	17	31	1	-	-	-	1	-	-	-	-	-	-	1	-	3	4
August	-	12	-	13	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
September	2	3	-	2	7	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-
October	1	2	-	7	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
November	-	1	-	9	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
December	-	7	-	9	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
YEAR	6	108	-	192	306	4	-	-	-	4	-	-	-	1	1	-	1	-	7	8

PERIOD	Cerebrospinal Fever					Whooping Cough					Viral Hepatitis				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
January	-	3	-	1	4	-	2	-	1	3	1	17	-	2	20
February	-	5	-	-	5	-	2	-	1	3	6	16	-	2	24
March	-	3	-	1	4	-	-	-	-	-	2	19	1	3	25
April	-	2	-	1	3	1	-	-	1	2	7	16	-	-	23
May	-	4	-	2	6	-	1	-	-	1	4	13	-	2	19
June	-	7	-	1	8	-	-	-	-	-	3	11	-	-	14
July	1	13	-	1	15	-	4	-	-	4	7	9	1	2	19
August	1	9	-	1	11	-	1	-	-	1	1	13	-	4	18
September	1	1	-	2	4	-	3	-	-	3	3	4	-	1	8
October	-	7	-	1	8	-	5	-	1	6	11	16	-	2	29
November	-	3	-	-	3	1	3	-	-	4	6	9	-	1	16
December	-	4	-	-	4	-	2	-	1	3	6	8	-	-	14
YEAR	3	61	-	11	75	2	23	-	5	30	57	151	2	19	229

PERIOD	Insectidal Poisoning					Lead Poisoning					Primary malignancy of bronchus, lungs and pleura				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
January	-	-	-	-	-	-	-	-	-	-	9	10	-	4	23
February	-	-	-	-	-	-	-	-	-	-	8	9	-	2	19
March	-	-	-	-	-	-	-	-	-	-	11	15	-	1	27
April	-	-	-	-	-	-	-	-	-	-	5	11	-	2	18
May	-	-	-	-	-	-	-	-	-	-	6	10	-	2	18
June	-	-	-	-	-	-	-	-	-	-	8	15	-	1	24
July	-	-	-	-	-	-	-	-	-	-	9	8	-	2	19
August	-	-	-	-	-	1	-	-	-	1	9	12	-	3	24
September	-	-	-	-	-	-	-	-	-	-	10	14	-	1	25
October	-	1	-	-	1	-	-	-	-	-	14	10	-	-	24
November	-	-	-	-	-	-	-	-	-	-	9	24	-	3	36
December	-	-	-	-	-	-	-	-	-	-	7	10	-	1	18
YEAR	-	1	-	-	1	1	-	-	-	1	105	148	-	22	275

Table VI.23 Notification of Infectious Diseases classified by Race Group and Age-Group : 1985 (local and imported cases)

	Tuberculosis Respiratory									Tuberculosis other forms								
	W		C		A		B		T	W		C		A		B		T
	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F	
Under 1 year	1	-	13	10	-	-	15	21	60	-	-	3	-	-	-	2	-	5
1-2 years	-	-	42	21	-	-	38	31	132	-	-	1	3	-	-	3	3	10
2-4 years	1	-	41	45	-	-	51	54	192	-	-	6	4	-	-	1	4	15
5-9 years	-	-	43	37	-	-	36	37	153	-	-	1	2	-	-	3	3	9
10-14 years	1	-	28	14	-	-	16	19	78	-	-	-	2	-	-	4	1	7
15-24 years	4	5	184	255	-	1	154	135	738	-	-	-	6	-	-	1	4	11
25-34 years	7	4	240	219	-	1	289	165	925	-	1	3	9	-	2	4	2	21
35-44 years	5	3	191	84	1	1	207	69	560	-	1	4	5	-	-	4	3	17
45-54 years	9	3	137	55	-	1	177	53	435	-	-	3	-	-	-	3	1	7
55-64 years	6	3	73	24	1	-	134	35	276	-	1	1	2	-	1	1	-	6
65-74 years	4	2	19	7	-	-	50	16	98	-	1	-	3	-	-	3	1	8
75-84 years	1	2	3	5	-	-	9	8	28	-	-	-	-	-	-	-	-	-
85 years and over	-	-	1	-	-	1	4	2	8	-	-	-	-	-	-	-	-	-
Unknown	-	3	8	1	-	1	8	3	24	-	-	-	-	-	-	1	1	2
TOTAL	39	25	1023	777	2	5	1188	648	3707	-	4	22	36	-	3	30	23	118

	Enteric									Measles								
	W		C		A		B		T	W		C		A		B		T
	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F	
Under 1 year	-	-	-	-	-	-	-	-	-	-	-	41	26	-	-	58	51	176
1-2 years	-	-	-	-	-	-	-	-	-	2	-	8	6	-	-	23	16	55
2-4 years	-	-	-	-	-	-	-	-	-	-	1	6	2	-	-	15	15	39
5-9 years	-	-	-	-	-	-	-	-	-	-	2	6	6	-	-	6	5	25
10-14 years	-	-	-	-	-	-	1	-	1	-	-	2	3	-	-	1	2	8
15-24 years	1	-	1	-	-	-	1	-	3	-	-	-	-	-	-	-	-	-
25-34 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35-44 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
45-54 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55-64 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
65-74 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
75-84 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
85 years and over	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unknown	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	3
TOTAL	1	-	1	-	-	-	2	-	4	3	3	64	44	-	-	103	89	306

	Cerebrospinal Fever									Lead Poisoning							
	W		C		A		B		T	W		C		A		B	
	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F
Under 1 year	-	1	15	10	-	-	-	4	30	-	-	-	-	-	-	-	-
1-2 years	-	-	10	4	-	-	1	-	15	1	-	-	-	-	-	-	1
2-4 years	1	-	6	3	-	-	2	2	14	-	-	-	-	-	-	-	-
5-9 years	-	-	3	3	-	-	1	1	8	-	-	-	-	-	-	-	-
10-14 years	-	-	2	1	-	-	-	-	3	-	-	-	-	-	-	-	-
15-24 years	1	-	1	1	-	-	-	-	3	-	-	-	-	-	-	-	-
25-34 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35-44 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
45-54 years	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-
55-64 years	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-
65-74 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
75-84 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
85 years and over	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unknown	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	2	1	37	24	-	-	4	7	75	1	-	-	-	-	-	-	1

TABLE VI.23 continued

	Malaria									Acute Poliomyelitis								
	W		C		A		B		T	W		C		A		B		T
	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F	
Under 1 year	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
1-2 years	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	3
2-4 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
5-9 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
10-14 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15-24 years	-	2	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
25-34 years	2	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
35-44 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
45-54 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55-64 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
65-74 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
75-84 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
85 years and over	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unknown	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	2	2	-	-	-	-	-	-	4	-	-	-	1	-	-	3	4	8

	Whooping Cough									Viral Hepatitis								
	W		C		A		B		T	W		C		A		B		T
	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F	
Under 1 year	-	-	8	7	-	-	-	3	18	-	-	-	3	-	-	-	-	3
1-2 years	-	1	1	2	-	-	-	-	4	-	-	-	1	-	-	-	-	1
2-4 years	-	-	2	3	-	-	-	1	6	3	1	17	14	-	-	5	1	41
5-9 years	-	-	-	-	-	-	-	-	-	3	1	34	20	-	1	2	-	61
10-14 years	-	-	-	-	-	-	-	-	-	7	5	19	11	-	-	1	-	43
15-24 years	-	-	-	-	-	-	-	-	-	8	6	9	6	1	-	1	-	31
25-34 years	-	-	-	-	-	-	-	-	-	7	1	6	2	-	-	2	1	19
35-44 years	-	-	-	-	-	-	-	-	-	2	1	-	5	-	-	-	-	8
45-54 years	-	1	-	-	-	-	-	-	1	1	-	1	1	-	-	3	-	6
55-64 years	-	-	-	-	-	-	-	-	-	2	2	-	-	-	-	2	-	6
65-74 years	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	2
75-84 years	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	1	3
85 years and over	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unknown	-	-	-	-	-	-	1	-	1	-	4	1	-	-	-	-	-	5
TOTAL	-	2	11	12	-	-	1	4	30	34	23	87	64	1	1	16	3	229

	Primary malignancy of bronchus, lungs and pleura									Insecticidal Poisoning								
	W		C		A		B		T	W		C		A		B		T
	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F	
Under 1 year	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1-2 years	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
2-4 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5-9 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10-14 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15-24 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25-34 years	-	-	1	1	-	-	-	-	2	-	-	-	-	-	-	-	-	-
35-44 years	-	2	8	2	-	-	1	-	13	-	-	-	-	-	-	-	-	-
45-54 years	4	5	29	13	-	-	1	-	52	-	-	-	-	-	-	-	-	-
55-64 years	22	7	36	8	-	-	7	-	80	-	-	-	-	-	-	-	-	-
65-74 years	26	13	31	8	-	-	7	-	85	-	-	-	-	-	-	-	-	-
75-84 years	19	5	8	2	-	-	4	-	38	-	-	-	-	-	-	-	-	-
85 years and over	1	-	-	1	-	-	-	1	3	-	-	-	-	-	-	-	-	-
Unknown	1	-	-	-	-	-	1	-	2	-	-	-	-	-	-	-	-	-
TOTAL	73	32	113	35	-	-	21	1	275	-	-	1	-	-	-	-	-	1

	Diphtheria								
	W		C		A		B		T
	M	F	M	F	M	F	M	F	
Under 1 year	-	-	-	-	-	-	-	-	-
1-2 years	-	-	-	-	-	-	-	-	-
2-4 years	-	-	-	-	-	-	-	-	-
5-9 years	-	-	-	-	-	-	-	-	-
10-14 years	-	-	-	-	-	-	-	-	-
15-24 years	-	-	-	-	-	-	-	1	1
25-34 years	-	-	-	-	-	-	-	-	-
35-44 years	-	-	-	-	-	-	-	-	-
45-54 years	-	-	-	-	-	-	-	-	-
55-64 years	-	-	-	-	-	-	-	-	-
65-74 years	-	-	-	-	-	-	-	-	-
75-84 years	-	-	-	-	-	-	-	-	-
85 years and over	-	-	-	-	-	-	-	-	-
Unknown	-	-	-	-	-	-	-	-	-
TOTAL	-	-	-	-	-	-	-	1	1

Table VI.24 Notifications, Deaths, Incidence Rates per 100 000 Population and Death Rates per 100 000 Population of certain Infectious Diseases by Race Groups : 1976 - 1985

YEAR	CEREBROSPINAL FEVER								TYPHOID OR ENTERIC FEVER							
	Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000		Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000	
	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B
1976	11	109	3	20	4,58	19,40	1,25	3,56	1	8	-	-	0,42	1,42	-	-
1977	2	126	-	22	0,82	21,82	-	3,81	4	16	-	1	1,64	2,77	-	0,17
1978	11	221	1	29	4,45	37,26	0,40	4,89	-	14	-	-	-	2,36	-	-
1979	11	336	1	16	4,39	55,13	0,40	2,63	-	3	-	-	-	0,49	-	-
1980	12	283	1	33	4,72	45,19	0,39	5,27	1	12	-	1	0,39	1,92	-	0,16
1981	7	159	2	12	2,71	24,72	0,77	1,87	2	4	-	-	0,77	0,62	-	-
1982	2	104	1	14	0,76	15,73	0,38	2,12	2	4	-	-	0,76	0,61	-	-
1983	3	101	-	6	1,13	14,87	-	0,88	1	20	1	-	0,38	2,94	0,38	-
1984	1	63	-	9	0,37	9,03	-	1,29	4	14	-	-	1,48	2,01	-	-
1985	3	72	-	7	1,10	10,04	-	0,98	1	3	-	-	0,37	0,42	-	-

YEAR	DIPHTHERIA								VIRAL HEPATITIS							
	Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000		Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000	
	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B
1976	-	9	-	1	-	1,60	-	0,18	28	74	-	3	11,67	13,17	-	0,53
1977	-	2	-	-	-	0,35	-	-	44	77	-	4	18,07	13,34	-	0,69
1978	-	-	-	-	-	-	-	-	13	46	-	4	5,26	7,75	-	0,67
1979	-	4	-	-	-	0,66	-	-	16	86	-	3	6,38	14,11	-	0,49
1980	-	1	-	-	-	0,16	-	-	40	106	1	1	15,72	16,93	0,39	0,16
1981	-	3	-	-	-	0,47	-	-	24	197	-		9,29	30,62	-	-
1982	-	-	-	-	-	-	-	-	38	204	-	6	14,50	30,86	-	0,91
1983	-	3	-	-	-	0,44	-	-	46	179	-	1	17,30	26,35	-	0,38
1984	-	-	-	-	-	-	-	-	54	197	-	3	20,02	28,23	-	0,43
1985	-	1	-	-	-	0,14	-	-	57	172	-	3	20,82	23,99	-	0,42

YEAR	ACUTE POLIOMYELITIS								TETANUS AND TETANUS NEONATORUM							
	Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000		Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000	
	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B
1976	-	6	-	-	-	1,07	-	-	-	2	-	1	-	0,36	-	0,18
1977	-	4	-	-	-	0,69	-	-	-	2	-	1	-	0,35	-	0,17
1978	-	1	-	-	-	0,17	-	-	-	-	-	-	-	-	-	-
1979	-	14	-	1	-	2,30	-	0,16	-	1	-	-	-	0,16	-	-
1980	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1981	-	2	-	-	-	0,31	-	-	-	-	-	-	-	-	-	-
1982	-	1	-	-	-	0,15	-	-	-	-	-	-	-	-	-	-
1983	-	3	-	-	-	0,44	-	-	1	2	1	-	0,38	0,29	0,38	-
1984	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1985	-	8	-	-	-	1,12	-	-	-	-	-	-	-	-	-	-

YEAR	WHOOPING COUGH								*MEASLES							
	Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000		Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000	
	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B
1976	1	14	-	-	0,42	2,49	-	-	-	-	-	-	-	-	-	-
1977	-	19	-	1	-	3,29	-	0,17	-	-	-	-	-	-	-	-
1978	3	18	-	2	1,21	3,03	-	0,34	-	-	-	-	-	-	-	-
1979	1	9	-	-	0,40	1,48	-	-	4	182	-	13	-	-	-	-
1980	1	26	-	1	0,39	4,15	-	0,16	1	603	-	19	0,39	96,29	-	3,03
1981	4	93	1	-	1,55	14,45	-	0,39	1	299	-	7	0,39	46,47	-	1,09
1982	3	77	-	1	1,15	11,65	-	0,15	12	392	-	13	4,58	59,30	-	1,97
1983	3	29	-	-	1,13	4,27	-	-	7	335	-	12	2,63	49,32	-	1,77
1984	4	45	-	-	1,48	6,45	-	-	2	152	-	6	0,74	21,78	-	0,86
1985	2	28	-	-	0,73	3,90	-	-	6	300	-	18	2,19	41,84	-	2,51

*Notifiable from 24 August, 1979

Table VI.25 Cerebrospinal Fever Notifications by Month : 1981 - 1985

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	YEAR
1981	11	7	5	10	12	26	32	23	15	11	4	10	166
1982	7	8	3	8	10	13	17	15	9	8	6	2	106
1983	8	6	4	5	8	12	10	5	16	13	10	7	104
1984	5	1	3	3	4	10	8	8	9	5	2	6	64
1985	4	5	4	3	6	8	15	11	4	8	3	4	75
TOTAL	35	27	19	29	40	69	82	62	53	45	25	29	515
Average	7	5	4	5	8	14	16	12	11	9	5	6	103

Table VI.26 Motifications received of Notifiable Diseases in Municipal Residents (including Imported Infections) : 1976 - 1985

	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985
Anthrax	-	-	-	-	-	-	-	-	-	-
Brucellosis (Malta Fever)	-	-	1	2	2	1	1	-	3	-
Cholera (Asiatic)	-	-	-	-	-	-	-	-	-	-
Diphtheria or Membranous croup	9	2	-	4	1	3	-	3	-	1
Enteric or Typhoid Fever	9	37	33	3	13	8	10	21	18	4
Epidemic Cerebrospinal Fever	120	128	232	347	295	166	106	104	64	75
Hepatitis, Viral	120	121	59	102	146	221	242	225	251	229
Insecticidal/ Pesticidal poisoning	1	-	-	3	-	-	1	1	1	1
Lead Poisoning		-	-	-	-	-	-	-	-	1
Leprosy	2	1	-	-	2	1	1	2	1	-
Malaria	-	-	-		1	2	1	8	3	4
Plague	-	-	-	-	-	-	-	-	-	-
Poliomyelitis, Acute	6	4	1	14	-	2	1	3	-	8
Rabies	-	-	-	-	-	-	-	-	-	-
Sleeping Sickness (Trypanosomiasis)	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-
Tetanus	2	2	-	1	-	-	-	3	-	-
Trachoma	-	-	-	-	-	-	-	-	-	-
Tuberculosis (all forms)	2635	2636	2492	2792	2838	3119	3778	3935	4056	3825
Typhus Fever	-	-	-	-	-	-	-	-	-	-
Whooping Cough	15	19	21	10	27	97	80	32	49	30
Yellow Fever	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	186	604	300	404	342	154	306
Toxoplasmosis	-	-	-	1	-	-	-	-	-	-
Primary malignancy of bronchus, lungs and pleura	-	-	-	259	281	234	275	300	275	275
Leptospirosis	-	-	-		-	1	-	-	-	-

VII OTHER SERVICES

TABLE VII.1 ATTENDANCES AT EXAMINATION CENTRE : 1985

Department	Total	Fit	Temporarily unfit	Unfit
City Administration	793	648	45	100
City Engineer	1441	1088	91	262
City Electrical Engineer	477	373	28	76
City Treasurer	61	46	3	12
Health	69	47	6	16
TOTAL	2841	2202	173	466

The Department also provides medical attention for Fire Brigade and Traffic personnel.

TABLE VII.2 ATTENDANCES AT EXAMINATION CENTRE : 1985

	FIRST ATTENDANCES						TOTAL ATTENDANCES					
	Scabies	Impetigo	Body lice	Ring worm	Head lice	Total	Scabies	Impetigo	Body lice	Ring worm	Head lice	Total
CHILDREN Under 16 years of age:												
White boys	-	-	-	-	-	-	-	-	-	-	-	-
White girls		-	-	-	1	1	-	-	-	-	1	1
C. A & B boys	1	-	-	-	6	7	-	-	-	-	20	21
C. A & B girls	-	-	-	-	30	30	-	-	-	-	61	61
TOTAL CHILDREN	1	-	-	-	37	38	1	-	-	-	82	83
ADULTS:												
White males	-	-	2	-	-	2	-	-	2	-	-	2
White females	-	-	-	-	-	-	-	-	-	-	-	-
C. A & B males	2	-	-	-	1	3	2	-	-	-	1	3
C. A & B females	2	-	-	-	1	3	2	-	-	-	1	3
TOTAL ADULTS	4	-	2	-	2	8	4	-	2	-	2	8
TOTAL PERSONS:												
White	-	-	2	-	1	3	-	-	2	-	1	3
Coloured, Asian and Black	5	-	-	-	38	43	5	-	-	-	83	88
ALL RACES	5	-	2	-	39	46	5	-	2	-	84	91

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